Form 9-331 Dec. 1973

Form Approved. Budget Bureau No. 42-R1424

## UNITED STATES DEPARTMENT OF THE INTERIOR GFOLOGICAL SURVEY

	Budget Dureau No. 42-11424
	5. LEASE Federal - NM 9016
	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
	7. UNIT AGREEMENT NAME
nt	8. FARM OR LEASE NAME Young Federal
	9. WELL NO. 5
	10. FIELD OR WILDCAT NAME Young Queen
7	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 19-T18S-R32E
	12. COUNTY OR PARISH 13. STATE NM
	14. API NO.

SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for proposals to drill or to deepen or plug back to a difference reservoir. Use Form 9–331–C for such proposals.) oil gas  $\mathbf{x}$ other well well 2. NAME OF OPERATOR BETTIS, BOYLE & STOVALL 3. ADDRESS OF OPERATOR Box 1240 Graham, TX 76046 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 1 below.)1980'FNL,660FEL, Sec. 19-T18S-R32E AT SURFACE: AT TOP PROD. INTERVAL: same AT TOTAL DEPTH: 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA 15. ELEVATIONS (SHOW DF, KDB, AND WD) SUBSEQUENT REPORT OF: REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (NOTE: Report respits of multiple completion or zone change on Form 9-330.) PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES ABANDON\* (other) 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\* 6-21-82 1. Circulate mud CIBP @ 3650' (35' cement on top) 6-22-82 2. Set 15 sxs. cement @ 2430' - 2320' 6-22-82 3. Pull 1226' of casing, set 50 sxs. cement thru tubing @ 1276', tag @ 1023' 6-23-82 4. Set 50 sxs. @ 368' thru tubing, tag @ 320', set 35 sxs. @ 320', 6-23-82 tag @ 260! 6-24-82 6. Set 15 sxs. @ surface . \_ . Set @ . ..... Subsurface Safety Valve: Manu. and Type 18. I hereby certify that the foregoing is true and correct = TITLE \_ Supt. \_ DATE . SIGNED

(This space for Federal or State office use) TITLE APPROVED BY CONDITIONS OF APPROVAL, IF ANY:

APR 18 1983