

UNITED STATES DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY  
HOBBS, NEW MEXICO 88240

**SUNDRY NOTICES AND REPORTS ON WELLS**

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form 9-331-C for such proposals.)

1. oil well ☒ gas well ☐ other ☐

2. NAME OF OPERATOR  
BETTIS, BOYLE & STOVALL

3. ADDRESS OF OPERATOR  
Box 1193, Hobbs, NM

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) 1650'FNL, 1980'FWL, Sec.35-T20S-R33E  
AT SURFACE:  
AT TOP PROD. INTERVAL: same  
AT TOTAL DEPTH: same

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐  
FRACTURE TREAT ☐  
SHOOT OR ACIDIZE ☐  
REPAIR WELL ☐  
PULL OR ALTER CASING ☐  
MULTIPLE COMPLETE ☐  
CHANGE ZONES ☐  
ABANDON\* ☒  
(other) ☐

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5. LEASE  
NM-17237

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
Caledon-Federal

9. WELL NO.  
1

10. FIELD OR WILDCAT NAME  
Wildcat

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec. 35-T20S-R33E

12. COUNTY OR PARISH  
Lea

13. STATE  
NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)  
3669' GR

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

SEP 12 1982

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.)\*

\*Received verbal approval to plug and abandon subject well as follows:  
(Mr. Peter Chester/4:00 p.m./8/24/82)

- 8/25/82
1. Spotted 75 sx. plug from 3300' to 3000'. WOC-4 hours. Tagged plug @ 3010'.
  2. Spotted 75 sx. plug from 1600' to 1300'. WOC-3 hours. Tagged Plug @ 1308'.
  3. Spotted 15 sx. surface plug and installed dry hole marker.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

18. I hereby certify that the foregoing is true and correct

SIGNED \_\_\_\_\_ TITLE Supt. DATE \_\_\_\_\_

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE 9-20-86  
CONDITIONS OF APPROVAL, IF ANY: