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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-101
Revised 1-1-65

5A. Indicate Type of Lease	
STATE <input checked="" type="checkbox"/>	FEE <input type="checkbox"/>
5. State Oil & Gas Lease No.	
V746	

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work				7. Unit Agreement Name	
b. Type of Well DRILL <input checked="" type="checkbox"/> (re-enter) DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> SINGLE ZONE <input checked="" type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>				8. Farm or Lease Name	
2. Name of Operator				9. Well No.	
Bettis, Boyle, & Stovall				1	
3. Address of Operator				10. Field and Pool, or Wildcat	
P.O. Box 1240 Graham, Texas 76046				Wildcat	
4. Location of Well				12. County	
UNIT LETTER <u>J</u> LOCATED <u>1980</u> FEET FROM THE <u>South</u> LINE				Lea	
AND <u>1980</u> FEET FROM THE <u>East</u> LINE OF SEC. <u>36</u> TWP. <u>23S</u> RGE. <u>32E</u> NMPM					
19. Proposed Depth		19A. Formation		20. Rotary or C.T.	
PB 15,224		Atoka Bank		Rotary	
21. Elevations (Show whether DE, RT, etc.)		21A. Kind & Status Plug. Bond		21B. Drilling Contractor	
3666.6 GL		\$10,000-Blanket		Monument Well Service	
				22. Approx. Date Work will start	
				4-15-87	

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP

See Exhibit "A"

Install 10,000 psi - 13" BOP. Drill surface plug and stub plug in 13 3/8" casing with 12 1/4" bit. Drill stub plug, remedial plugs, and plug @ 9027' in 10 3/4" casing. Test 10 3/4" casing and perform remedial squeeze work as necessary. Clean out 7 5/8" liner to PBTD of 15,224. Run 2700' of 7 5/8" - 40# casing and circulate cement to surface. WOC. Drill out cement. Test new casing. Run 2 7/8" tubing and Baker Model "D" Packer. Perforate and test Atoka Bank Formation (14,348' - 14,414')

Permit Expires 6 Months From Approval
Date Unless Drilling Underway.

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PRODUCTIVE ZONE. GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

Signed Thomas D. Sexton Title Sept Date 4-10-87

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON

APPROVED BY DISTRICT 1 SUPERVISOR TITLE DATE APR 10 1987

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

APR 10 1987

OCD
HOBBS OFFICE