

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

|   |
|---|
| WELL API NO.<br>30-025-11666  |
| 5. Indicate Type of Lease<br>STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> |
| 6. State Oil & Gas Lease No.  |

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 "APPLICATION FOR PERMIT"  
(FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well:  
OIL WELL ☒ GAS WELL ☐ OTHER

2. Name of Operator  
Bettis, Boyle & Stovall

3. Address of Operator  
P.O. Box 1240, Graham, TX 76450

4. Well Location  
Unit Letter D : 370 Feet From The North Line and 420 Feet From The West Line

Section 20 Township 25S Range 37E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
3084 DF

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☒ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐  
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER: ☐

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

- 1) MIRU Pulling Unit
- 2) POOH with rods & 2-3/8" tbg. - lay all equipment down
- 3) RIH with 7" CIBP & set @ 3000'. (Perfs @ 3076-3093')
- 4) Pressure test csg. to 500 psi for 30 minutes
- 5) Clean up location.

Estimated date to start work is March 2002.

THE COMPLETION MUST BE REPORTED 72  
HOURS PRIOR TO THE BEGINNING OF  
PLUGGING OPERATIONS FOR THE C-400  
TO BE APPROVED.

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

SIGNATURE Derrick Salke TITLE District Engineer DATE 10/29/01

TYPE OR PRINT NAME DERRECK SALKE TELEPHONE NO.

(This space for State Use)

APPROVED BY \_\_\_\_\_ TITLE GARY M. ... DATE 11/4/2001

CONDITIONS OF APPROVAL, IF ANY:

ORIGINAL SIGNED BY  
NATURAL GAS ENGINEER - 2