

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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

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

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

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

WELL API NO.
30-025-11681

5. Indicate Type of Lease
STATE FEE

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.)

7. Lease Name or Unit Agreement Name

B. T. LANEHART

1. Type of Well:
OIL WELL GAS WELL OTHER

8. Well No.

004

2. Name of Operator

Bettis, Boyle & Stovall

3. Address of Operator

P.O. Box 1240, Graham, TX 76450

9. Pool name or Wildcat

Jalmat Tansill Yates Seven Rivers

4. Well Location

Unit Letter B : 990 Feet From The North Line and 2310 Feet From The East Line

Section 21 Township 25S Range 37E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3079 GR

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK

PLUG AND ABANDON

REMEDIAL WORK

ALTERING CASING

TEMPORARILY ABANDON

CHANGE PLANS

COMMENCE DRILLING OPNS.

PLUG AND ABANDONMENT

PULL OR ALTER CASING

CASING TEST AND CEMENT JOB

OTHER:

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.

THE COMMISSION MUST BE NOTIFIED 24
HOURS PRIOR TO THE BEGINNING OF
PLUGGING OPERATIONS FOR THE C-103
TO BE APPROVED.

1) MIRU pulling unit

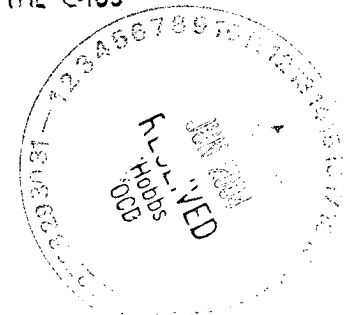
TA

2) POOH with rods & tbg.

3) RIH & set 7" CIBP @ 2900'

4) Pressure test casing to 500 psi for 30 minutes

5) Clean up location



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

SIGNATURE

Kim Ligon

Regulatory Analyst

DATE

6/9/04

TYPE OR PRINT NAME

Kim Ligon

TELEPHONE NO.

940-549-0780

(This space for State Use)

APPROVED BY

Larry W. Wink

DATE

JUN 22 2004

CONDITIONS OF APPROVAL, IF ANY:

OC FIELD REPRESENTATIVE II/STAFF MANAGER