

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.	30-025-11629
5. Indicate Type of Lease	STATE ☒ FEE ☐
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name	State 0
8. Well No.	001
9. Pool name or Wildcat	Langlie Mattix

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 <u>A</u> : <u>660</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>East</u> Line Section <u>16</u> Township <u>25S</u> Range <u>37E</u> NMFM <u>Lea</u> County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3131 GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐	REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐	ALTERING CASING ☐
PULL OR ALTER CASING ☐	COMMENCE DRILLING OPNS. ☐
OTHER: ☐	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 proposed work) SEE RULE 1103.

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

- 1) MIRU Pulling Unit
- 2) RU Wireline & RIH with 4-1/2" CIBP, set @ +/- 3300', dump 2 sx. cement on top. - 35' + TAG
- 3) Set 100' plug from 1150' to 1050' - PERF. + 50'. 50' OUTSIDE + 50' INSIDE + TAG
- 4) Set 5 sx plug @ surface - 105X OR 60'
- 5) Cut off well casing 4' below ground level, weld on plate
- 6) Clean up location

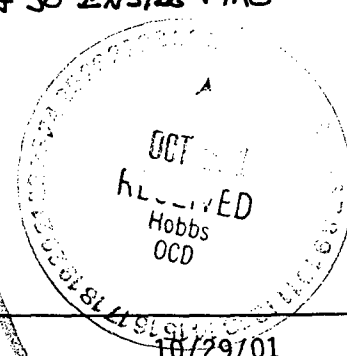
Estimated date to plug and abandon is November 2001.

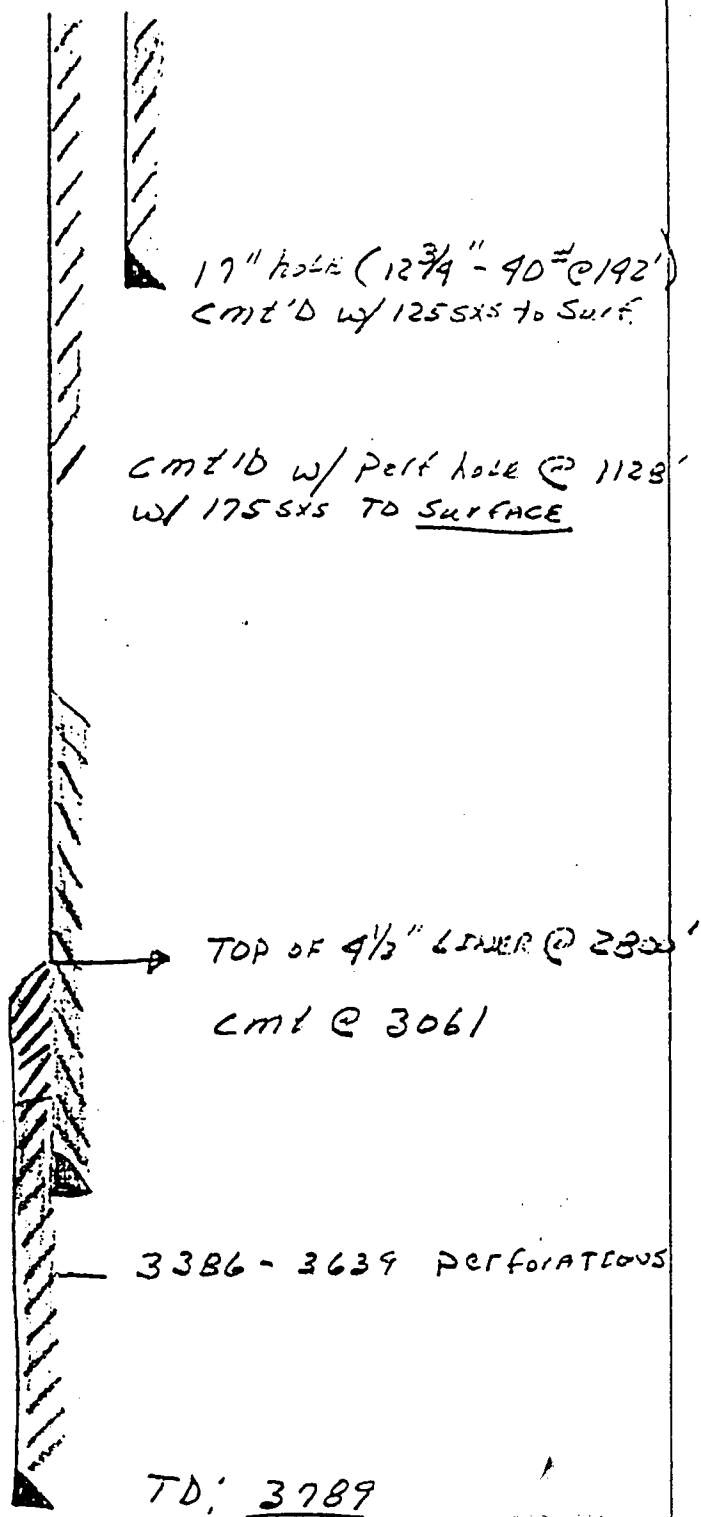
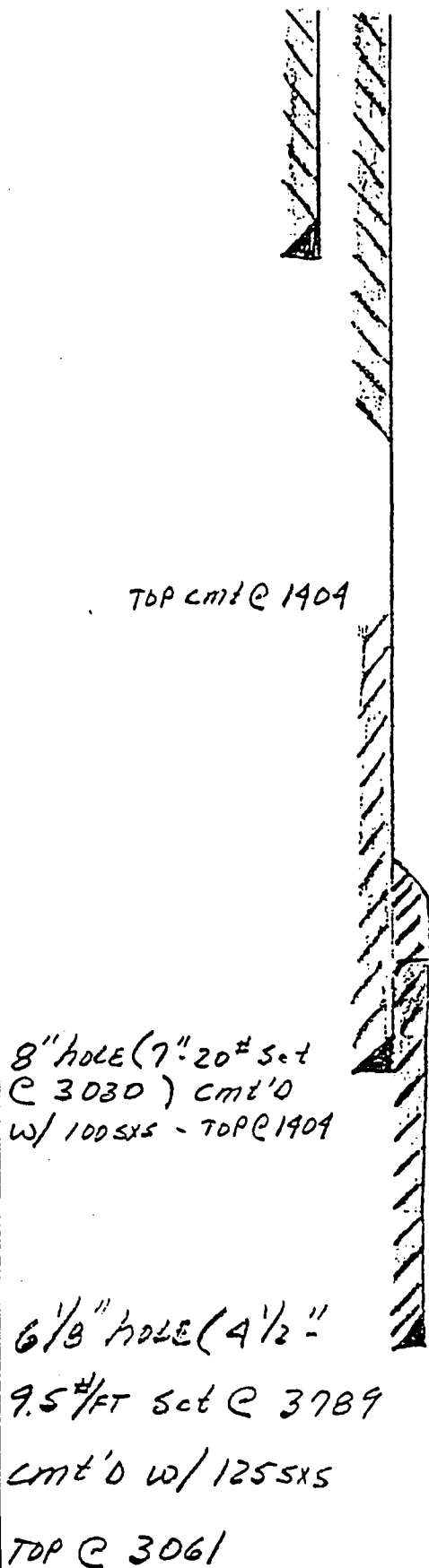
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNATURE <u>Derrick Saller</u>	TITLE _____
TYPE OR PRINT NAME <u>DERRECK SALLER</u>	DATE <u>10/29/01</u>
TELEPHONE NO. _____	

(This space for State Use)

**Post subsequent to RBDMS
Compliance Screen**

BEFORE EXAMINER
OIL CONSERVATION DIVISION
EXHIBIT NO. 24
CASE NO. 12758-A
DATE NOV 1 2001





RECEIVED
Hobbs
OCD