## State of New Mexico Energy, winerals and Natural Resources Department

Form C-103 Revised 1-1-89

DISTRICT I P.O. Box 1980, Hobbs, NM 88240 OIL CONSERVATION DIVISION

	•	
VELL API NO.	30-025-25588	

P.O. Box 1980, Hobbs, NM 88240	P.O. Box 2	2088	WELL API NO.	0-025-25588
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexic	co 87504-2088	5. Indicate Type of Le	ease XX
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	•	· .	6. State Oil & Gas Le	STATE FEE XX
( DO NOT USE THIS FORM FOR P DIFFERENT RES	OTICES AND REPORTS ON WARRENDS AND REPORTS ON WARRENDS TO DRILL OR TO DEEP SERVOIR. USE "APPLICATION FOR I C-101) FOR SUCH PROPOSALS.)	EN OR PLUG BACK TO A PERMIT	7. Lease Name or Uni	
I. Type of Well:	DE!	FORE EXAMINER	B T Laneha	irt
2 Name of Operator Bettis, Boyle & Sto	11	SICERVAL 3	Well No. 00	)6
3. Address of Operator P.O. Box 1240, Graf	nam, TX 76450 OC	D EXHIBIT NO.	Langlae Matt	렧 7 Rivers Q
4. Well Location Unit Letter :	990 Feet From The North	1 1	Feet From Th	East Line
Section 21	Township 55	_		
	10. Elevation (Show what	her DF, RKB, RT, GR, etc.) 080 GR	VMPM	County
	k Appropriate Box to Indica		•	
NOTICE OF IT	NTENTION TO:	SUB	SEQUENT REF	PORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON L	REMEDIAL WORK	L AL	TERING CASING
TEMPORARILY ABANDON KX	CHANGE PLANS	COMMENCE DRILLING	OPNS. PL	UG AND ABANDONMENT
PULL OR ALTER CASING		CASING TEST AND CE	MENT JOB	
OTHER:		OTHER:		
12. Describe Proposed or Completed Opwork) SEE RULE 1103.	erations (Clearly state all pertinent details	e, and give pertinent dates, include E COMMISSION MUST		
1) MIRU Pulling	HC	OURS PRIOR TO THE	BIGINNING OF FOR THE C-103	h. F.
,	ds & tbg lay all ro	ds & tbg. down		OCD CO
3) RU wireline	truck & set 4-1/2" CIB	P @ 3300' (Perfs	@ 3372-3400')	
4) Pressure tes	st csg. to 500 psi for	30 minutes - use	2% KCL H20 wi	th pkr. fluid
5) Clean up loc	cation.	新 <del>期</del> CC	DMMISSION MUS	ST BE NOTHED by
ESTIMATED D	DATE TO START IS JANUAR	Y 2002. PLUGG	- PRIOR TO THE	BEGINNING CITES FOR THE CAPE
I hereby certify that the information above is	the and complete to the best of my knowledge	and belief.		
SKONATURE LIST	ally	me Regulatory An	alyst	10/29/01 DATE
TYPE OR PRINT NAME DERR	ECK SALLER		:	TELEPHONE NO.
(This space for State Use)				
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ž Post subseq Compli	uent to RBDMS ance Screen	MATURAL SCIENCE MANA		DATE GALL T T CAN
Apr1		•		√,