

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

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. 30-025-11680
5. Indicate Type of Lease 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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Lease Name or Unit Agreement Name B.T. LANEHART
2. Name of Operator Bettis, Boyle & Stovall	8. Well No. 001
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 G : 1980 Feet From The North Line and 1980 Feet From The East Line Section 21 Township 25S Range 37E NMPM Lea County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	

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: ☐

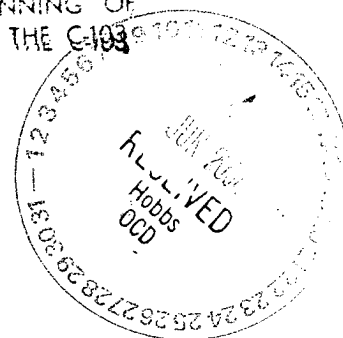
SUBSEQUENT REPORT OF:

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 & tbg.
3) RIH & set 7" CIBP @ 2000'
4) Pressure test casing to 500 psi for 30 minutes
5) Clean up location

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



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

06/09/04

TYPE OR PRINT NAME

TELEPHONE NO.

940-549-0780

(This space for State Use)

APPROVED BY

TITLE

DATE

JUN 22 2004

CONDITIONS OF APPROVAL, IF ANY:

OC FIELD REPRESENTATIVE II/STAFF MANAGER