

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.
30-025-11681

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.)

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 B : 990 Feet From The North Line and 2310 Feet From The East Line
Section 21 Township 25S Range 37E NMPM 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:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☒ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: replaces procedure approved on 6/22/04 ☐

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) RIH with 2-3/8" tbg. open ended.
- 2) Place sand plug from 2900 - 3100' (perfs 2956 - 3101)
- 3) Pump 25 sx cement plug from 2900 - 2750' (7" csg)
- 4) Pressure test csg. to 500 psi for 30 minutes to temporarily abandon well
- 5) Clean up location.

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 TITLE Regulatory Analyst DATE 8/7/04

TYPE OR PRINT NAME Kim Ligon TELEPHONE NO. 940-549-0780

(This space for State Use)

APPROVED BY Hayward Wink TITLE OC FIELD REPRESENTATIVE II/STAFF MANAGER DATE AUG 10 2004

CONDITIONS OF APPROVAL, IF ANY: