Submit 1 Copy To Appropriate District Office	State of New Mexi			Form C-103
District 1 1625 N French Dr, Hobbs, NM 88240			L API NO.	ctober 13, 2009
District II	M. CONSERVATION D	VISION 30-02	25-11680	
District II 1301 W Grand Ave, Artesia, NM 88210 BBS OCT CONSERVATION DIVISION District III 1220 South St. Francis Dr.		s Dr.	dicate Type of Lease STATE STATE FEE	
1000 Rio Brazos Rd. Aztec. NM 87410		~ <del>-</del>	ate Oil & Gas Lease No.	
District IV 1220 S. St Francis Dr , Santa Fe, NM APR <b>0</b> 3 2 87505		0. 50	ale off & Gus Lease 110.	
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSECENDERILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH			7. Lease Name or Unit Agreement Name B.T. Lanehart	
PROPOSALS) 1. Type of Well: Oil Well 🖾 Gas Well 🗌 Other			ell Number 001	
2. Name of Operator	/		GRID Number	
BETTIS, BOYLE & STOVALL 3. Address of Operator			10. Pool name or Wildcat Salmat -	
P.O BOX 1240, GRAHAM, TX 76450			Ill Yates 7 Rvrs.	
4. Well Location	, from the NORT	U line and 109	20 foot from the E	AST line
Unit Letter G : 198 Section 21		ange 37E		ounty
	levation (Show whether DR, R			ounty
3079	•			
12. Check Approp	riate Box to Indicate Nat	ure of Notice, Repor	t or Other Data	
NOTICE OF INTENT		SUBSEQ	JENT REPORT OI	Ξ:
ERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR				CASING
		COMMENCE DRILLING	OPNS. P AND A	
		CASING/CEMENT JOB		
OTHER:		OTHER:		
<ol> <li>Describe proposed or completed or of starting any proposed work). SI proposed completion or recomplet</li> </ol>	E RULE 19.15.7.14 NMAC.		ns: Attach wellbore diag	gram of
	A		3 mo. Exter	vsiant (Oul
Pattia Paula & Stavall requests tem	aararily ahandan status a	vtension on the well		
Bettis, Boyle & Stovall requests tem conducted on the lease. In our exten				
status, placed on approved temporary	<b>.</b> .			
		1 66		
Co	ndition of Approval : Notify	y OCD Hobbs		
, off	ce 24 hours prior to runn	ing MIT Test & Chart		
			 -	
Spud Date:	Rig Release Date	:		
hereby certify that the information above i	true and complete to the best	of my knowledge and k	aliaf	
nereby certify that the information above i	s a de and complete to the best	of my knowledge and t	cher.	
SIGNATURE Thyl Helerol	TITLERe	egulatory Analyst	DATE04/	02/12
Type or print name Kyle Berend	E-mail address:	kberend@bbsoil.com		
APPROVED BY Concal	TITLE STR	H MCZ	DATE 4-4	-7017
Conditions of Approval (if any):			DATE_/~/	
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