

Submit 3 Copies To Appropriate District Office  
District I  
1625 N French Dr , Hobbs, NM 88240  
District II  
1301 W Grand Ave , Artesia, NM 88210  
District III  
1000 Rio Brazos Rd , Aztec, NM 87410  
District IV  
1220 S St Francis Dr , Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103  
May 27, 2004

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

|                                                                                                     |
|-----------------------------------------------------------------------------------------------------|
| WELL API NO.<br>30-025-27664                                                                        |
| 5. Indicate Type of Lease<br>STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> |
| 6. State Oil & Gas Lease No.                                                                        |
| 7. Lease Name or Unit Agreement Name<br>JUSTIS CHRISTMAS                                            |
| 8. Well Number 1                                                                                    |
| 9. OGRID Number 2175                                                                                |
| 10. Pool name or Wildcat JALMAT<br>TANSILL YATES SEVEN RIVERS                                       |

|                                                                                                                                                                                                                |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| SUNDRY NOTICES AND REPORTS ON WELLS<br>(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 type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other                                                                                                          |  |
| 2. Name of Operator<br>BETTIS, BOYLE & STOVALL                                                                                                                                                                 |  |
| 3. Address of Operator<br>P.O. BOX 1240, GRAHAM, TX 76450                                                                                                                                                      |  |
| 4. Well Location<br>Unit Letter <u>E</u> : <u>2225</u> feet from the <u>NORTH</u> line and <u>790</u> feet from the <u>WEST</u> line<br>Section <u>20</u> Township <u>25S</u> Range <u>37E</u> NMPM LEA County |  |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.)<br>3053.1 GL                                                                                                                                                |  |
| Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/> NO PIT                                                                                                        |  |
| Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____                                                                               |  |
| Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____                                                                                                                |  |

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

|                                                                    |                                           |                                                                |                                          |
|--------------------------------------------------------------------|-------------------------------------------|----------------------------------------------------------------|------------------------------------------|
| NOTICE OF INTENTION TO:                                            |                                           | SUBSEQUENT REPORT OF:                                          |                                          |
| PERFORM REMEDIAL WORK <input type="checkbox"/>                     | PLUG AND ABANDON <input type="checkbox"/> | REMEDIAL WORK <input type="checkbox"/>                         | ALTERING CASING <input type="checkbox"/> |
| <del>TEMPORARILY ABANDON</del> <input checked="" type="checkbox"/> | CHANGE PLANS <input type="checkbox"/>     | COMMENCE DRILLING OPNS. <input type="checkbox"/>               | P AND A <input type="checkbox"/>         |
| PULL OR ALTER CASING <input type="checkbox"/>                      | MULTIPLE COMPL <input type="checkbox"/>   | CASING/CEMENT JOB <input type="checkbox"/>                     |                                          |
| OTHER: <input type="checkbox"/>                                    |                                           | OTHER: TEMPORARILY ABANDON <input checked="" type="checkbox"/> |                                          |

13. 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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

- 09/05/07 - NOTIFIED DISTRICT OFFICE OF INTENT TO BEGIN T&A OPERATIONS ON 09/06/07.
- POOH WITH RODS & TUBING
- RIH WITH 7" CIBP @ 2700' (PERFS @ 2732 - 2831')
- PRESSURE TEST CASING TO 500 PSI FOR 30 MINUTES TO TEMPORARILY ABANDON WELL. MIT WAS GOOD. CHART ATTACHED
- CLEAN UP LOCATION.

This Approval of Temporary Abandonment Expires 9/6/12



I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Kim Ligon TITLE REGULATORY ANALYST DATE 09/19/07

Type or print name KIM LIGON E-mail address: kligon@bbsoil.com Telephone No. 940-549-0275

For State Use Only

APPROVED BY: Larry W. Wink TITLE OG FIELD REPRESENTATIVE / STAFF MANAGER DATE SEP 24 2007

Conditions of Approval (if any):

