

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. 30-025-32859
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Kinsolving "7"
8. Well No. -2-
9. Pool name or Wildcat Gladiola Devonian

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	
2. Name of Operator Bettis, Boyle & Stovall	
3. Address of Operator P. O. Box 1240, Graham, TX 76450 817-549-0780	
4. Well Location Unit Letter B : 100 Feet From The North Line and 2075 Feet From The East Line Section 07 Township 12S Range 38E 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:		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"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: DST #1 <input checked="" type="checkbox"/>	

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.

4/02/95 - DST #1
IFP 11,360 - 11,425' Mississippiian Formation
ISIP 30 Min 641 PSI
FFP 30 Min 870 PSI
FSIP 60 Min 645 PSI
120 Min 1074 PSI

Recovery:
1300' of Total Fluid
700' of Water Blanket (200 PPM Chlorides)
570' of Slight Gas Cut Water Blanket
30' of Slight Gas Cut Drlg. Mud
Ran 1300' of 200 PPM Chl. Water Blanket

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 4/04/95
TYPE OR PRINT NAME Kim Ligon TELEPHONE NO 817-549-0780

(This space for State Use)

FOR RECORD ONLY

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: