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numit 3 Copies to Appropriate District Office

## State of New Mexico Energy, Lunerals and Natural Resources Department

Form C-103

DISTRICT I P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION

	K 64136	d 1.1.40)
WELL API NO.		

P.O. Box 2088	30-025-23925	
DISTRICT II Santa Fe, New Mexico 87504-2088 P.O. Drawer DD, Artesia, NM 88210	5. Indicate Type of Lease	
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	STATE FEE XX  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 RESERVOR. USE APPLICATION FOR PERMIT	7. Lease Name or Unit Agreement Name	
(FORM C-101) FOR SUCH PROPOSALS.)  1. Type of Well:	Patsy B	
OIL XX OAS OTHER		
2. Name of Operator Bettis, Boyle & Stovall	8. Well No. 002	
3. Address of Operator P.O. Box 1240, Graham, TX 76450	9. Pool name or Wildcat Langlie Mattix Seven Rivers Q	
4. Well Location	Grayburg	
	Feet From The West Line	
Section 17 Township 22S Range 37E	VMPM Lea County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3370 GR		
11. Check Appropriate Box to Indicate Nature of Notice, Re	eport, or Other Data	
NOTICE OF INTENTION TO: SUBS	SEQUENT REPORT OF:	
PERFORM REMEDIAL WORK PLUG AND ABANDON XX REMEDIAL WORK	ALTERING CASING	
EMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT		
PULL OR ALTER CASING CASING TEST AND CEI	MENT JOB	
OTHER: OTHER:		
HOURS  1) MIRU Pulling Unit 2) POOH with rods & pump & 2-3/8" tbg. 3) RIH with 2-3/8" tbg. open ended & pump 25 sxs. ceme	OMMISSION MUST BE NOTIFIED 24  FPRIOR TO THE REMNING OF, ING OPERATIONS FOR THE C-109  APPROVED.	
4) Cut 5-1/2" csg. @ 2000', P00H with 5-1/2 "csg. 5) RIH with 2-3/8" tbg. & pump 25 sxs. cement from 205 6) P00H with 2-3/8" tbg. to 360' & pump 30 sxs. cement 7) Place 5 sxs. plug @ surface. — IDSY PR 60' 8) Cut csg. off 4' below ground level & weld on plate.	0 - 1950' TAG from 360 - 260'-TAG	
9) Clean up location.	2002	
Estimated date to plug and abandon is June - July 2		
I hereby certify that the information, above is true and complete to the best of my knowledge and belief.	<u> </u>	
SIGNATURE District Eng	ineer 10/29/01	
TYPE OR PRINT NAME DIEIRRICK SALLERE	TELEPHONE NO.	
(This space for State Use)		
Post subsequent to RBDMS Compliance Screen	DATE -	