

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

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|----------------------------------------------------|------------------------------------------------------------------------|
| WELL API NO. | 30-025-31036 |
| 5. Indicate Type of Lease | STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No. | VB-0179 |
| 7. Lease Name or Unit Agreement Name | |
| State "20" | |
| 8. Well No. | 1 |
| 9. Pool name or Wildcat | Wildcat - atoka |
| 10. Elevation (Show whether DF, RKB, RT, GR, etc.) | |
| 3337.6' GR | |

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.)

| | |
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| 1. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> | 2. Name of Operator Bettis, Boyle & Stovall |
| 3. Address of Operator P.O. Box 1240 Graham, TX 76046 | 4. Well Location Unit Letter F : 1980' Feet From The North Line and 1980 Feet From The West Line Section 20 Township 24S Range 33E NMPM Lea County |
| 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data | |
| NOTICE OF INTENTION TO: | |
| PERFORM REMEDIAL WORK <input type="checkbox"/> | PLUG AND ABANDON <input type="checkbox"/> |
| TEMPORARILY ABANDON <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/> | OTHER: <input type="checkbox"/> |
| SUBSEQUENT REPORT OF: | |
| REMEDIAL WORK <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| COMMENCE DRILLING OPNS. <input type="checkbox"/> | PLUG AND ABANDONMENT <input type="checkbox"/> |
| CASING TEST AND CEMENT JOB <input type="checkbox"/> | OTHER: Completion <input checked="" type="checkbox"/> |

| | |
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| 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. | |
| 5/6/91: Ordered services, connections and materials to install surface equipment and construct flow line. | |
| 5/7/91: Cleared ROW and began ditching operations. Set tanks. | |
| 5/8/91: Set dehydrator, dressed out tanks, laid battery lines, etc. Began fabrication of 3.0" flowline. | |
| 5/9/91: Continued above. | |
| 5/10/91: Continued above. Installed hi/Lo valve. | |
| 5/11/91: Backfilled and turned well into line at 1:45 PM. At 6:00 PM: 1.2 MMscf/Day rate, FTP= 4730 psig. | |

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE John Berryhill TITLE Operations Manager DATE 7/17/91
TYPE OR PRINT NAME John Berryhill TELEPHONE NO. 817-549-0780

(This space for State Use) SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR
APPROVED BY _____ TITLE _____ DATE 8/4 1991
CONDITIONS OF APPROVAL, IF ANY: