

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.	30-025-31036
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	VB-0179 & V-2884
7. Lease Name or Unit Agreement Name	State 20
8. Well No.	-1-
9. Pool name or Wildcat	Wildcat

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 type="checkbox"/> OAS Well <input checked="" type="checkbox"/> OTHER	
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	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3337.6 GR	

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: DST #1 ☒

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.

1/11/91 - Ran DST #1 - 14,320 - 14,400'.

	TOP	BOTTOM
INIT HYD	10450	10468
INIT FP	1666	1689
ISIP	10388	10404
FFP	1984	1981
FSIP	10388	10341
FINAL HYD	10450	10468

REC GAS IN PIPE W? TR COND & TR MUD. SAMPLE CHAMBER REC 700 CC GC COND,
300 33 GC MUD, 5.2 FT GAS @ 1400 PSI.

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

SIGNATURE Kim Ligon TITLE Production Analyst DATE 3/21/91
TYPE OR PRINT NAME Kim Ligon TELEPHONE NO. 817-549-0780

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE MAR 28 1991
CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

MAR 27 1991

CCO
HOBBS OFFICE