Submit 3 Copies to Appropriate District Office

AFTROVED BY-

CONDITIONS OF APPROVAL, IF ANY:

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

Form C-103 Revised 1-1-89

- DATE -

Distriction 2	Vertied 1-1-9A
DISTRICT I P.O. Box 1980, Hobbs, NM 88240  OIL CONSERVATION DIVISION	WELL ADIAGO
P.O. Box 2088  DISTRICT II P.O. Drawer DD, Artesia, NM 88210  Santa Fe, New Mexico 87504-2088	WELL API NO. 30-025-3/036  5. Indicate Type of Lease
DISTRICT III	5. Indicate Type of Lease  STATE X FEE
1000 Rio Brazos Rd., Aztec, NM 87410	6. State Oil & Gas Lease No. VB-0179 & V-2884
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.)	7. Lease Name or Unit Agreement Name
1. Type of Well:  OIL OAS WELL X OTHER	State 20
2. Name of Operator Bettis, Boyle & Stovall	8. Well No.
3. Address of Operator	-]-
P. O. Box 1240, Graham, TX 76046	9. Pool name or Wildcat
4. Well Location	Wildcat
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, Re	eport, or Other Data
	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING	
PULL OR ALTER CASING CASING TEST AND CEI	
OTHER: OTHER: OTHER:	
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, include work) SEE RULE 1103.	ing estimated date of starting any proposed
2/15/91 - TD was reached at 16,000 in a 6-1/2" hole. 2/16/91 - Set cement retainer at 15,215', cemented v Class H) spotted 1 bbl. of cement on top of 15,193'. 2/17/91 - Released rig. 2/18/91 - Well shut in waiting on completion and make	v/ 20 bbls. (100 sx. of retainer. PBTD -
pipeline connection.	
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I hereby certify that the information above is true and complete to the best of my knowledge and belief.  SKINATURE	llyst3/21/91
TYTE OR FRONT NAME Kim Ligon	TELEPHIONE NO. 817-549-078
(This space for State Use) DRIGHTAL SICKED BY JERRY SEXTON	
DISTRICT SUPERVISOR	MAR 2 8 199