

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. <u>30-025-31036</u>
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
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.)

1. Type of Well: OIL WELL <input type="checkbox"/> GAS 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 <u>F</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>West</u> Line Section <u>20</u> Township <u>24S</u> Range <u>33E</u> NMPM <u>Lea</u> County

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"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER: <input type="checkbox"/>
OTHER: <input 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.

11/07/90 - 11/15/90 - building location.
11/21/90 - MIRU Wilbros Drlg. Rig No. 15, spud well.
11/23/90 - Ran 20 jts 20" csg. in a 26" hole. RU Halliburton & cement w/
175 sx to 736'. Cmt circulated to surface.
WOC 12 hrs. & test csg to 600# for 30 min with no drop in pressure.

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 JERRY SEXTON
DISTRICT SUPERVISOR

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

RECEIVED

MAR 27 1991

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HOBBS OFFICE