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

Form C-103

Submit 3 Copies to Appropriate
District Office DISTRICT I P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION P.O. Box 2088

Revised 1-1-89

P.O. Box 1980, Hobbs, NM 88240 P.O. Box	· · · · · · · · · · · · · · · · · ·
DISTRICT II Santa Fe. New Mex	ico 87504-2088
P.O. Drawer DD, Artesia, NM 88210  DISTRICT III	5. Indicate Type of Lease  STATE THE FEE
1000 Rio Brazos Rd., Aztec, NM 87410	6. State Oil & Gas Lease No.
SUNDRY NOTICES AND REPORTS ON (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEE DIFFERENT RESERVOIR. USE "APPLICATION FOR (FORM C-101) FOR SUCH PROPOSALS.)	PEN OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name
1. Type of Well: OIL OAS WELL XX WELL OTHER	
2. Name of Operator Bettis, Boyle & Stovall	8. Well No. 001
3. Alphress of Operator S P.O. Box 1240, Graham, TX 76450	9. Pool name or Wildcat Langlie Mattix
4. Well Location	
Unit Letter A: 660 Feet From The North	Line and Feet From The Line
Section 16 Township 25S	Range 37E Lea County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3131 GR	
11. Check Appropriate Box to Indica	ate Nature of Notice, Report, or Other Data
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON	REMEDIAL WORK ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS	COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING	CASING TEST AND CEMENT JOB
OTHER:	OTHER:
1) MIRU Pulling Unit	Is, and give pertinent dates, including entired date of starting proper final of the Commission must be notified 24  PLUGGING OPERATIONS FOR THE CJ03  TO BE APPROVED.  38P, set @ +/- 3300', dump  TAG  TO DUTSING 50 ENSINE + TAG
2 sx. cement on top. — 35' + TAG  3) Set 100' plug from 1150' to 1050' - PERF, + Spz. 50 DUTSINE + 50 ENSINE + TAG  4) Set 5 sx plug @ surface — 105% or 60  5) Cut off well casing 4' below ground level, weld on plate	
<ul><li>5) Cut off well casing 4' below gro</li><li>6) Clean up location</li></ul>	fine the second
Estimated date to plug and aband	don is November 2001.  h  Hobbs  OCD
I hereby certify that the information above if true and complete to the best of my knowledg	e and belief. 10/29/01
SKINATURE Unb Lally	TITLE
TYPE OR PRINT NAME DERRICK SALLER	TELEPHONE NO.
(This space for State Use)	

Post subsequent to RBDMS Compliance Screen