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LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No. 3430	

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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <input type="checkbox"/>	
2. Name of Operator Bettis, Boyle & Stovall	
3. Address of Operator Box 1168, Graham, Texas 76046	
4. Location of Well UNIT LETTER <u>E</u> <u>1650'</u> FEET FROM THE <u>N</u> LINE AND <u>330</u> FEET FROM THE <u>W</u> LINE, SECTION <u>20</u> TOWNSHIP <u>25S</u> RANGE <u>37E</u> NMPM.	
15. Elevation (Show whether DF, RT, GR, etc.) 3076 DF	

7. Unit Agreement Name
8. Farm or Lease Name Christmas
9. Well No. 1
10. Field and Pool, or Wildcat Jalmat Yates Seven Rivers
12. County Lea

16. 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"/> TEMPORARILY ABANDON <input checked="" type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> OTHER <input type="checkbox"/>

17. 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.

Well shut in due to water production. Plan to re-establish production within next two years.

T.A. expires 9/22/75

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNED <u>Larry C. [Signature]</u>	TITLE <u>Petroleum Engineer</u>	DATE <u>September 17, 1975</u>
APPROVED BY <u>John Runyan</u> Geologist		
CONDITIONS OF APPROVAL, IF ANY:		

