Submit 3 Copies

## State of New Mexico

Form C-103 Revised 1-1-89

to Appropriate District Office

Energy, .. (inerals and Natural Resources Department

DISTRICT I P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATION DIVISION P.O. Box 2088
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexico 87504-2088

WELL API NO. 30-025-11680

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	STATE FEE XX  6. State Oil & Gas Lease No.
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  B T Lanehart
I. Type of Well: OIL XX OAS WELL OTHER	
2. Name of Operator Bettis, Boyle & Stovall	8. Well No. 001
3. Address of Operator P.O. Box 1240, Graham, TX 76450	9. Pool name or Wildcat Jalmat Tansill Yates Seven
4. Well Location Unit LetterG : Feet From The Line and 1980	Feet From The Line
Section 21 Township 25S 37E Range	Lea NMPM County
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	
Check Appropriate Box to Indicate Nature of Notice, Re NOTICE OF INTENTION TO: SUB	eport, or Other Data SEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON XX CHANGE PLANS COMMENCE DRILLING	OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING CASING TEST AND CE	MENT JOB
OTHER: OTHER:	
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, include work) SEE RULE 1103.	ling estimated date of starting any proposed
1) MIRU Pulling Unit 2) POOH with rods & tbg. 3) RIH with tbg. to PBTD of 3014' 4) Place sand plug from 3014-2900' 5) Place 4 sx. cement on top of sand @ 2900' 6) Well has 5-3/16" liner from 2200-3076' (Perfs @ 2987) Pressure test csg. to 500 psi for 30 minutes 8) Clean up location.	30 - 3015')

ESTIMATED DATE TO START IS FEBRUARY 2002.

THE COMMENSOR THE BUTCHES C. PLOGGENG OPERATIONS FOR THE CHICA

true and complete to the best of my knowledge and belief. I hereby certify that th

SIONATURE

District Engineer

10/29/01

MRRICK SALLRE TYPE OR PRINT NAME

TELEPHONE NO.

POST SUBSEQUENT TO RBDMS COMPLIANCE SCREEN

NATURAL COLLIE TITLE