## Submit 3 Copies to Appropriate District Office

1. Type of Well: METT [

11.

OTHER:

## State of New Mexico Energy, I

Form	C.	10	3
Revis	ed :	1-1	-89

to Appropriate District Office	Energy, Natural and Natural	Resources Department	•	Revised 1-1-89
<u>DISTRICT I</u> P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATI		WELL API NO.	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexic	xo 87504-2088	5. Indicate Type of Le	STATE FEE X
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	(		6. State Oil & Gas Le N.A.	
( DO NOT USE THIS FORM FOR PI DIFFERENT RES	TICES AND REPORTS ON WARDPOSALS TO DRILL OR TO DEEP ERVOIR. USE "APPLICATION FOR C-101) FOR SUCH PROPOSALS.)	EN OR PLUG BACK TO A	7. Lease Name or Uni	t Agreement Name
1. Type of Well: OIL GAS WELL WELL	ОТНЕК		Dates	
2. Name of Operator Bettis, Boyle & Stov			8. Well No.	·
<ol> <li>Address of Operator</li> <li>P.O. Box 1240, Graf</li> </ol>	nam, TX 76450	<del></del>	9. Pool name or Wild Jalmat, Tansill	, Yates, Seven Rivers
4. Well Location  Unit LetterD :6	60 Feet From The N	Line and 6	60 Feet From Th	eE Line
Section 29	Township 25S	Range 37E	имим Lea	County
	10. Elevation (Show when	her DF, RKB, RT, GR, etc.)		
	k Appropriate Box to Indicat NTENTION TO:		eport, or Other D	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	AL	TERING CASING
EMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	G OPNS. PL	UG AND ABANDONMENT
ULL OR ALTER CASING		CASING TEST AND C	EMENT JOB	
OTHER:		OTHER:		
<ol> <li>Describe Proposed or Completed Operator</li> <li>SEE RULE 1103.</li> </ol>	erations (Clearly state all pertinent details	, and give pertinent dates, inclu	ding estimated date of sta	ning any proposed
Bates #2 TD = 2 4-1/2" slotted line DV tool @ 1100'. Perfs 2653-2735'.	2735' r @ 2552-2735'; 5-1/2'	" csg to 2574';	8-5/8" csg to	356'.
Bettis, Boyle & Stor Plug 2400-2735' - 39 Plug 1000-1200' - 20 Plug 356-0' - 80	O sx.	and Abandon as fo	llows:	
	ja P		T BE*NOTHEED, 24 BICKNING OF FOR THE C403	·
I hereby certify that the information above is t	true and complete to the best of my knowledge	and belief.		
SIGNATURE VILLA WA	<i>IRALL</i>	mme Operations Se	cretary	DATE 8/25/92

I hereby certify that the information above is true and complete Veda Unkart TYPE OR PRINT NAME TELEPHONE NO. 817-549-0780 (This space for State Use) AUG 28'92

ORIGINAL SIGNED BY JERRY SEXTON

DATE

DISTRICT I SUPERVISOR

CONDITIONS OF APPROVAL, IF ANY:

**RECEIVED**AUG 2 7 1992

OCD HOSBS OFFICE