

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

Checked API-ok

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO. 30-025-~~11253~~ 11244

5. Indicate Type of Lease STATE FEE

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.)

1. Type of Well: OIL WELL GAS WELL OTHER

2. Name of Operator: Betwell Oil & Gas Company

3. Address of Operator: P. O. Box 303 Andrews, Tx. 79714

4. Well Location: Unit Letter C : 1780 Feet From The West Line and 860 Feet From The North Line
Section 27 Township 24S Range 37E NMPM Lea County

7. Lease Name or Unit Agreement Name: Langlie Mattix Woolworth Unit

8. Well No. 503

9. Pool name or Wildcat: Langlie Mattix SRQ-GB

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3236' DF

Checked footage close in

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"/>	REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <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.

09-05-91

Repair tubing leak & returned to production on 3/6/92

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Glenn Roberson TITLE Prod. Supt. DATE 10-15-91

TYPE OR PRINT NAME Glenn Roberson TELEPHONE NO (915) 524-6997

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: