

1980

NEW MEXICO 89240

Form 3160-5
(November 1983)
(Formerly 9-331)UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENTSUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)Budget Bureau No. 1004-0135
Expires August 31, 1985

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—" for such proposals.)

1. OIL WELL ☐ GAS WELL ☐ OTHER ☒ <u>WIW</u>		5. LEASE DESIGNATION AND SERIAL NO. <u>NM LC032326 B</u>	
2. NAME OF OPERATOR <u>BETWELL OIL & GAS CO.</u>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME <u>0</u>	
3. ADDRESS OF OPERATOR <u>P.O. Box 2577 HIALEAH, FL. 33012</u>		7. UNIT AGREEMENT NAME <u>LANGUE MATRIX (Woolworth U.)</u>	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <u>UNIT J, 1980' FSL, 1980' FEL, Sec 27, T24S, R37E</u>		8. FARM OR LEASE NAME	
14. PERMIT NO. <u>NA</u>		9. WELL NO. <u>703</u>	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>DF = 3221</u>		10. FIELD AND POOL, OR WILDCAT <u>LANGUE MATRIX</u>	
		11. SEC., T., R., M., OR ELE. AND SURVEY OR AREA <u>Sec 27, T24S, R37E</u>	
		12. COUNTY OR PARISH <u>LEA</u>	
		13. STATE <u>NM</u>	

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☐REPAIR WELL ☐(Other) ☐PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐ABANDON* ☐CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☐(Other) MITREPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT* ☐

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

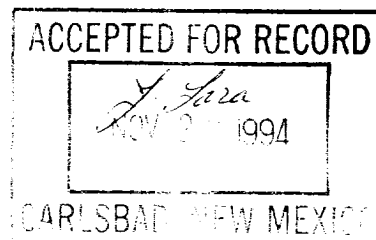
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

10-20-94

TDH W/ PACKER, TIH W/ NEW PACKER
SET PACKER TO 3105', COULDS NOT GET
CASING TO HOLD PRESSURE.
PREP TO FIND CASING LEAK.

RECEIVED

OCT 31 1 19 PM '94

CARL
AREABUREAU OF LAND MGMT.
HOBBS, NM.

OCT 27 2 25 PM '94

RECEIVED

18. I hereby certify that the foregoing is true and correct

SIGNED Victor D. JeyoTITLE OP MGRDATE 10-24-94

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

NOV 28 1994

OCD HOBBS
OFFICE

