

Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM
87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
May 27, 2004

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO. 30-025-11247
5. Indicate Type of Lease STATE ☐ FEE ☒
6. State Oil & Gas Lease No. NMLC032326B
7. Lease Name or Unit Agreement Name LANGLIE MATTIX WOOLWORTH UNIT
8. Well Number 601
9. OGRID Number
10. Pool name or Wildcat SEVEN RIVERS & QUEEN

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 INJECTION

2. Name of Operator
BETWELL OIL & GAS

3. Address of Operator
P.O. BOX 22577 HIALEAH, FLORIDA 33002

4. Well Location
Unit Letter L : 1980 feet from the SOUTH line and 660 feet from the WEST line
Section 27 Township 24S Range 37E NMPM LEA County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

Pit or Below-grade Tank Application ☐ or Closure ☐

Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____

Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☒ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐

OTHER: ☐

13. 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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

AS SOON AS EQUIPMENT BECOMES AVAILABLE WE WILL FURTHER ACESS THE PROBLEM
WITH THE WELL BORE AND TAKE APPROPRIATE ACTION TO REMEDY IT.



I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Robert C. Brede Meyer TITLE - FOREMAN DATE 11-10-2006

Type or print name ROBERT C. BREDEMEYER E-mail address: rcbred@pgrb.com Telephone No. 325-338-0610
For State Use Only

OCD FIELD REPRESENTATIVE II/STAFF MANAGER

APPROVED BY: Mary W. Wink TITLE _____ DATE _____

Conditions of Approval (if any):

DEC 08 2006