

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

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

Form C-103  
Revised May 08, 2003

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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.)		WELL API NO. 30-025-11247
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other INJECTION		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator BETWELL OIL & GAS		6. State Oil & Gas Lease No. 8910082510
3. Address of Operator P.O. BOX 22577, Hialeah, Florida 33002		7. Lease Name or Unit Agreement Name Langlie Matlix Woolworth Unit
4. Well Location Unit Letter <u>L</u> : 1980 feet from the <u>S</u> line and <u>660</u> feet from the <u>WEST</u> line Section <u>27</u> Township <u>24S</u> Range <u>37E</u> NMPM <u>Lea</u> County		8. Well Number 601
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3206' GR		9. OGRID Number
10. Pool name or Wildcat Langlie Matlix 7 Rivers & Grayburg		

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input checked="" type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPLETION <input type="checkbox"/> OTHER: <input type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input checked="" type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS <input type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> OTHER: <input type="checkbox"/>

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.

On 1-9-04 we had a leak at well head and pressure blew tubing off top where it had rotted in slips. We dug an emergency pit and lined it and hauled water to disposal.

1-14-04 we rigged up on well w/a 2 3/8" spear & caught tubing & pulled off slips and unseated packer & pulled 1 joint 2 3/8" PC tubing and replaced it. Notified OCD and pumped packer fluid on BS and reset packer and ran MFL test. Went to 420 # and it held. Put well back to injection.

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

SIGNATURE Robert C. Bredemeyer TITLE Production Supt. DATE 1-14-04

Type or print name Robert C. Bredemeyer

Telephone No. 325-338-0610

(This space for State use)

APPROVED BY Chris Williams TITLE DISTRICT SUPERVISOR/GENERAL MANAGER DATE FEB 2 2004

Conditions of approval, if any:

