State of New Mexico
Energy, ...erals and Natural Resources Department

Form C-103
Revised 1-1-89

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

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

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

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

WELL API NO.
30-025-11247

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.)

7. Lease Name or Unit Agreement Name

1. Type of Well:
OIL WELL ☐   GAS WELL ☐   OTHER W.I.W.

Langlie Mattix Woolworth Unit

2. Name of Operator
Betwell Oil & Gas Compnay

8. Well No.
601

3. Address of Operator
P.O. Box 2577; Hialeah, Florida 33012

9. Pool name or Wildcat
Langlie Mattix

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

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3206 GR

11.   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 ☐

OTHER:_____ ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐   ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐   PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER:_____ Mechanical Integrity Test ☒

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.

Perform mechanical integrity test on 7/29/97.
Tested to 320 psi for 30 minutes held OK.

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

SIGNATURE _____ TITLE Petroleum Engineer DATE 8/19/97

TYPE OR PRINT NAME Victor J. Sirgo

TELEPHONE NO. (915) 570-0077

ORIGINAL SIGNED BY CHRIS WILLIAMS
DISTRICT SUPERVISOR

(This space for State Use)

SEP - 4 1997

APPROVED BY_____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

JCT R