Submit 3 Copies to Appropriate District Office

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

District Office		······································		Kevi	med 1-1-89
DISTRICT I P.O. Box 1980, Hobbs, NM 88240	Box 1980, Hobbs, NM 88240  P.O. Box 2088  TRICT II  Santa Fe. New Mexico. 87504-2088		WELL API NO.		
DISTRICT II P.O. Drawer DD, Artesia, NM 88210			6 1-4 7		
DISTRICT III			5. Indicate Type	STATE	FEE X
1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & G	as Lease No.	
SUNDRY NOT	ICES AND REPORTS ON WE	LLS	<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>		
( DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A  DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"			7. Lease Name or Unit Agreement Name		
(FOHM C	2-101) FOR SUCH PROPOSALS.)		-	e Mattix	
OIL X WELL X	OTHER		Woolwor	th Unit	
2. Name of Operator			8. Well No.		
Betwell Oil & Gas Company  3. Address of Operator			6 0 3 9. Pool name or Wildcat		
P. O. Box 2577 Hialeah, Florida 33012			10 0 · ~ /		
4. Well Location					
Unit Letter K : 19	80 Feet From The South	Line and 19	80 Feet From	n The <u>West</u>	Line
Section 27	Township 245 R	ange 37E	NMPM	Lea	County
	10. Elevation (Show whether				
11. Check	Appropriate Box to Indicate	201 DF	anort or Other	- Doto	
NOTICE OF INT		i .	SEQUENT F		
				ili Oni Oi	٠.
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	X	ALTERING CAS	ING _
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	GOPNS.	PLUG AND ABA	NDONMENT L
PULL OR ALTER CASING		CASING TEST AND CE	EMENT JOB		
OTHER:		OTHER:			
12. Describe Proposed or Completed Operators) SEE RULE 1103.  7-24-91 Repair tubing leak Was shut-in-put t		nd give pertinent dates, inclu	ding estimated date o	d starting any prope	esed .
I hereby certify that the information above is true  SIGNATURE  TYPE OR PRINT NAME  Gle	and complete to the best of my knowledge and  The complete to the best of my knowledge and  m  nn Roberson	belief. uz Prod. Sup	t.	DATE { 915) TBLEPHONE NO.	3-1-91 524-699
(This space for State Use)					
·					
APPROVED BY	m	u		DATE	إنا تر

CONDITIONS OF APPROVAL, IF ANY: