

NMCCB - Hobbs

AUG 5 1995

Form 3160-5
(November 1983)
(Formerly 9-331)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

BUREAU OF LAND MANAGEMENT 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>W I W</u>		5. LEASE DESIGNATION AND SERIAL NO. <u>NMCCB 32326 B</u>
2. NAME OF OPERATOR <u>BETWELL OIL & GAS CO.</u>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME <u>NA</u>
3. ADDRESS OF OPERATOR <u>P.O. Box 2577 HIALEAH, FL. 33012</u>		7. UNIT AGREEMENT NAME <u>LMWU</u>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <u>660 FSL, 660 FEL</u>		8. FARM OR LEASE NAME <u>-</u>
14. PERMIT NO. <u>-</u>		9. WELL NO. <u>707</u>
15. ELEVATIONS (Show whether OF, RT, GR, etc.) <u>KB : 3222</u>		10. FIELD AND POOL, OR WILDCAT <u>LANGUE MATTIX</u>
		11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA <u>Sec. 27, T24S, R31E</u>
		12. COUNTY OR PARISH <u>LEA</u>
		13. STATE <u>NM</u>

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐	REPAIR OR ALTER CASING ☐	WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐	FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOT OR ACIDISE ☐	ABANDON* ☐	SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☐
REPAIR WELL ☐	CHANGE PLANS ☐	(Other) ☐	

(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.)

NOTICE OF INTENT TO RETURN WELL TO INS BY 9-1-95

AUG 10 11 01 AM '95

RECEIVED

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

SIGNED JOE G. LARA TITLE OPERATIONS MANAGER DATE 8-5-95

(This space for Federal or State office use)

APPROVED BY (ORIG. SCD.) JOE G. LARA TITLE PETROLEUM ENGINEER DATE 8/29/95
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side