

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

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

P.O. BOX 1980
HOBBS, NEW MEXICO 88240

Budget Bureau 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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <u>WIW</u>	7. UNIT AGREEMENT NAME <u>LANGUE MATTIX WOODWORTH</u>
2. NAME OF OPERATOR <u>BETWELL OIL & GAS COMPANY</u>	8. FARM OR LEASE NAME <u>SEC. 27, T24S, R37E</u>
3. ADDRESS OF OPERATOR <u>P.O. Box 2577 HIALEAH, FL. 33012</u>	9. WELL NO. <u>707</u>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <u>UNIT-P, 660' ESL, 660' FEL, sec 27, T24S, R37E</u>	10. FIELD AND POOL, OR WILDCAT <u>LANGUE MATTIX</u>
14. PERMIT NO.	11. SEC., T., S., M., OR BLK. AND SURVEY OR AREA <u>SEC. 27, T24S, R37E</u>
15. ELEVATIONS (Show whether OF, HY, OR, etc.)	12. COUNTY OR PARISH <u>LEA</u>
	13. STATE <u>NM</u>

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

TEST CASING

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

X

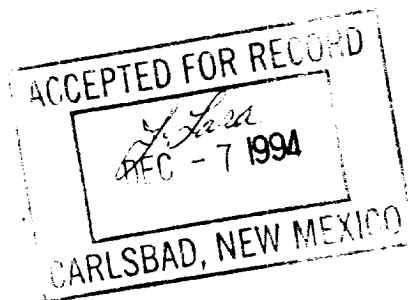
(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.)*

10-24-94, TOH WITH PACKER, TIH WITH NEW PACKER
SET PACKER AND TESTED BACKSIDE TO 575 PSI
FOR 30 MINUTES HELD OK.

RECEIVED

NOV 4 11 00 AM '94



REC
NOV 3 10 50 AM '94
BUREAU OF LAND
HOBBS, NM.

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

SIGNED Charles J. Jorgensen

TITLE OPR MGR

DATE 10-31-94

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side

