CONDITIONS OF APPROVAL, IF ANY:

## State of New Mexico

Form C-103

Submit 3 Copies to Appropriate District Office	Energy, Minerals and I	Natural Resources Department	Revised 1-1-89		
DISTRICT I P.O. Box 1980, Hobbs, NM 88240  DISTRICT II  OIL CONSERVATION DIVISION P.O. Box 2088  Santa Fe, New Mexico 87504-2088			WELL API NO.		
			30-025-1	.1258	
P.O. Drawer DD, Artesia, NM 88210  Santa Fe, New Mexico 8/304-2088			5. Indicate Type of Le	STATE FEE X	
DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 874	10		6. State Oil & Gas Le	ase No.	
SUNDRY N	OTICES AND REPORTS	ON WELLS			
ON NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A			7. Lease Name or Uni	7. Lease Name or Unit Agreement Name	
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)			Langlie Mattix		
	M C-101) FOR SUCH PHOPOS	ML3.)	Woolwort		
1. Type of Well: OIL GAS WELL X WELL	OTHER				
2. Name of Operator			8. Well No.		
Betwell Oil & G	as Company		708		
3. Address of Operator			9. Pool name or Wilde	cat	
•	indrews, Tx. 797	14	Langlie	<u>Mattix SRO-GB</u>	
4. Well Location					
Unit Letter A :	660 Feet From The N	orthLine and	990 Feet From Th	e <u>East</u> Line	
2.7	T	S Range 37E	NMPM Le	a County	
Section 27	Township $\angle 4$	S Range 37 E now whether DF, RKB, RT, GR, etc.)	7		
	'/////////	28' GR			
Che	ck Appropriate Box to I	indicate Nature of Notice,	Report, or Other D	ata	
	INTENTION TO:	SII	BSEQUENT REF	PORT OF:	
NOTICE OF	INTENTION TO:		DOLGOLITTIC		
PERFORM REMEDIAL WORK	PLUG AND ABANDO	ON REMEDIAL WORK	K AL	TERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLI	NG OPNS PL	UG AND ABANDONMENT	
ULL OR ALTER CASING CASING TEST AND C			CEMENT JOB		
OTHER:		OTHER:			
12. Describe Proposed or Completed ( work) SEE RULE 1103.	Operations (Clearly state all pertine	ent details, and give pertinent dates, inc	cluding estimated date of sta	arting any proposed	
08-06-91					
Repair tubing	leak Fretures	i to production	- 7 Beff 40 Bufd		
I hereby certify that the information above	s is true and complete to the best of my	knowledge and belief.			
11	e is true and complete to the best of my	Prod.	Supt.		
SIONATURE Merry	1overs	mr.e F10u.	<u> </u>	DATE 10-13-91 (015)	
נוס	nn Roberson			(915) TELEPHONE NO. 24 - 6997	
TYPE OR PRINT NAME UTE	HII KODEL 3011				

(This space for State Use) THE W TTILE -APPROVED BY ---