## Submit 3 Copies to Appropriate District Office

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

Form	C	- 1	α	3
Revis	ed	1	٠1	-8

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

## OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088 DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

WELL API NO. 30-025-11355 5.

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Indicate Type	of Lease	TATE	]	FEE	X

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	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 P DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	Langlie Mattix				
1. Type of Well: Oil GAS WELL X WELL OTHER	Woolworth Unit				
2. Name of Operator	8. Well No.				
Betwell Oil & Gas Company	162				
3. Address of Operator	9. Pool name or Wildcat				
P. O. Box 2577 Hialeah, Florida 33012	9. Pool name or Wildcat  Langlie Mattix & Q- DB				
4. Well Location  Unit Letter N: 990 Feet From The South Line and 2310 Feet From The West Line					
Unit Deuts:	•				
Section 34 Township 245 Range	37E NMPM Lea County				
Section 3.4 Township 2.4.5 Range 3.7.E NMPM Lea County  10. Elevation (Show whather DF, RKB, RT, GR, etc.)  3166 GR					
Check Appropriate Box to Indicate Natu	ire of Notice, Report, or Other Data				
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:				
PERFORM REMEDIAL WORK PLUG AND ABANDON RE	MEDIAL WORK X ALTERING CASING				
TEMPORARILY ABANDON CHANGE PLANS CO	MMENCE DRILLING OPNS. PLUG AND ABANDONMENT				
PULL OR ALTER CASING CA	SING TEST AND CEMENT JOB				
OTHER:	HER: Replace flow-line				
	and the second of the second o				

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent work) SEE RULE 1103.

7-5-91

Replace flow-line

Was shut-in-put back on production

I hereby certify that the informal SIGNATURE	tion above is true and complete to the post of my know	ledge and belief ππ.ε Prod. Supt	DATE 8-1-91 (915) TELEPTIONE NO. 524-6997
TYPE OR PRINT NAME	Glenn Roberson		TELEPHIONE NO. 524 - 699/
	TO THE STATE OF SERVING STATES		DATE
APPROVED BY	NY:		