

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)

Budget Bureau No. 1004-0135  
Expires August 31, 1985

6. LEASE DESIGNATION AND SERIAL NO.

STATE 8910088470

8. IF INDIAN, ALLOTTEE OR TRIBE NAME

NA

7. UNIT AGREEMENT NAME

STEWART LANGUE NATIV UNIT

8. FARM OR LEASE NAME

STEWART LANGUE NATIV UNIT

9. WELL NO.

115

10. FIELD AND POOL, OR WILDCAT

LANGUE NATIV X

11. SEC., T., R., M., OR E.K. AND  
SURTAX OR AREA

Sec 10, T25S, R37E

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 WIA

2. NAME OF OPERATOR

BETWELL OIL & GAS COMPANY

3. ADDRESS OF OPERATOR

P.O. Box 2577 HIALEAH, FL. 33012

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface

UNIT E, 1980' FNL, 990' FWL Sec 10, T-25-S, R-37, E

14. PERMIT NO.

NA

17. ELEVATIONS (Show whether DF, RT, OR, etc.)

KB = 3135'

12. COUNTY OR PARISH

LEA

13. STATE

NM

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)

RELL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

MIT

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

(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.)\*

10-18-94

TDH WITH PACKER, TIIH WITH NEW PACKER  
SET PACKER @ 3174', TEST BACKSIDE TO 580 PSI  
FOR 30 MINUTES HELD OK.

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

SIGNED

*Victor O. Jugo*

TITLE

OPERATIONS MGR

DATE

10-24-94

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

