

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)

N.M. OIL CONS. COMMISSION
1.800.51980
MOBBS, NEW MEXICO 88240
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>WIW</u>		5. LEASE DESIGNATION AND SERIAL NO. <u>NMLC032326B</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>1950' FNL, 50' FEL</u>		8. FARM OR LEASE NAME <u>-</u>
14. PERMIT NO. <u>NA</u>		9. WELL NO. <u>710</u>
15. ELEVATIONS (Show whether OF, RT, GR, etc.) <u>DF: 3218'</u>		10. FIELD AND POOL, OR WILDCAT <u>LANGUE MATTIX</u>
		11. SEC., T., R., M., OR R.L. AND SURVEY OR AREA <u>SEC. 27, T24S, R37E</u>
		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 ☐

PCILL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
ABANDON* ☐
CHANGE PLANS ☐

(Other) RE-ACTIVATE

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SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐
FRACTURE TREATMENT ☐
SHOOTING OR ACIDIZING ☐
(Other) ☐

REPAIRING WELL ☐
ALTERING CASING ☐
ABANDONMENT* ☐

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(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

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

SIGNED

Joe G. Lara

TITLE

OPERATIONS MANAGER

DATE

8-7-95

(This space for

(ORIG: SGD) JOE G. LARA

PETROLEUM ENGINEER

DATE

8/29/95

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side