

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)

Project Number 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 ☐ GAS WELL ☒ OTHER <u>W/W</u>		5. LEASE DESIGNATION AND SERIAL NO. <u>8910082510</u>	
2. NAME OF OPERATOR <u>BETWELL OIL & GAS CO</u>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME <u>LC-032326-B</u>	
3. ADDRESS OF OPERATOR <u>P.O. Box 2577 HIALEAH FL. 33012</u>		7. UNIT AGREEMENT NAME <u>LANGUE MATTIX WOODWORTH UNIT</u>	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <u>UNIT H, 1950' ENL, 50' FEL, Sec 27, T24S, R37E</u>		8. FARM OR LEASE NAME	
14. PERMIT NO.		9. WELL NO. <u>710</u>	
15. ELEVATIONS (Show whether OF, RT, GR, etc.)		10. FIELD AND POOL, OR WILDCAT <u>LANGUE MATTIX</u>	
		11. SEC., T., R., M., OR BLK. 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 ☐
(Other) ☐

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

SUBSEQUENT REPORT OF:

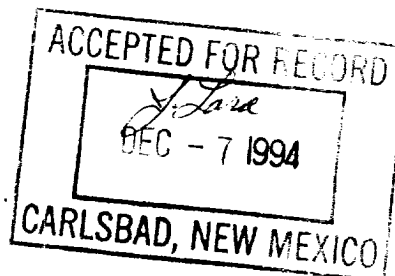
WATER SHUT-OFF ☐
FRACTURE TREATMENT ☐
SHOOTING OR ACIDIZING ☐
(Other) TEST CASING

REPAIRING WELL ☐
ALTERING CASING ☐
ABANDONMENT* ☒

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.)

10-25-94 TOH WITH PACKER, TIH WITH NEW PACKER
SET PACKER AND TEST BACKSIDE TO 660 PSI
FOR 30 MINUTES HELD OK.

RECEIVED
NOV 3 10 50 AM
BUREAU OF LAND MGMT.
HOBBS, NM.



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

SIGNED Richard D. Seig:

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

RECEIVED

DEC 09 1994

UCC HODGS
OFFICE

