| Original Signed by FRA   | NK T CHAVET               | SUP              | ERVISOR DISTRICT                      | ר מוז ז         | .10                                     | N 1 9 1980                             |
|--|---------------------------|------------------|---------------------------------------|-----------------|---|--|
| SIGNED Michael S. 7  | Jandien                   | TITLE Sta        | iff Operation                         | ons Engine      | er DATE 1                               | -14-81                                 |
| 18. I hereby certify that the information                                    |                           |                  | _                                     |                 |   |  |
| 10 I knowledge About 12 to family  | chave in two will be a    | An An Abril      | 6 m. 1.                               |                 |   |  |
|  |                           |                  |                                       |                 | Dist.                                   | DOM.                                   |
|  |                           |                  |                                       |                 | JANIG                                   | 1991                                   |
|  |                           | •                |                                       |                 | R                                       |  |
|  |                           |                  |                                       |                 | AND | The Board                              |
|  |                           |                  |                                       |                 |   |  |
| This is to notify the NMC a J-165 fluid end and pow Guiberson Uni-packer #6. | ver end with a 2          | 200 hp. m        | otor. The                             | bottom h        |   |  |
| work) SEE RULE 1703.   |                           |                  |                                       |                 |   |  |
| 17. Describe Proposed or Completed Op  | erations (Clearly state a | I partinent data | ils and sive nor                      | tivant datas in | al dia antimata la la cal               |  |
|  |                           |                  |                                       | uipment o       | <br>changes                             | X                                      |
| TEMPORARILY ABANDON PULL OR ALTER CASING                                     | CHANGE F                  | PLANS            | COMMENCE DRIL                         | -1              | PLUG                                    | AND ABANDONMENT                        |
| PERFORM REMEDIAL WORK  | PLUG AND                  | ABANDON          | REMEDIAL WORK                         |                 | ALTE                                    | RING CASING                            |
| NOTICE OF IN   |                           |                  | araic of Noti                         | -               | QUENT REPORT OF                         | :                                      |
| 16. Check  | Appropriate Box To        | Indicate N       | ature of Noti                         | ce Report       | or Other Data                           |  |
|  | 15. Elevation             | (Show whether l  | DF, RT, GR, etc.                      | .)              | 12. County                              |  |
| THEEast LINE, SECTION  | 15 Town                   | 19N<br>          | RANGE                                 | 3 W             | _ нмрм.                                 |  |
|  | 940FEET FROM THE          |                  | LINE AND                              | F£E             | Media En                                | ////////////////////////////////////// |
| 4. Location of Well P  | 940                       | South            |                                       | 330             | 10. Field and P                         |  |
| 3. Address of Operator P.O. Box 937 Levelland, TX 79336                      |                           |                  |                                       |                 | 9. Well No.                             |  |
| Petro-Lewis Corporation  |                           |                  |                                       |                 | Media En                                | trada Unit                             |
| OIL GAS WELL 2. Name of Operator   | OTHER-                    |                  | · · · · · · · · · · · · · · · · · · · |                 | 8. Farm or Leas                         | e Name                                 |
| 1.   | ION FOR PERMIT - ** (FORM | C-101) FOR SUCE  | PROPOSALS.)                           | AT RESERVOIR.   | 7. Unit Agreeme                         | ent Name                               |
| SUNDR<br>(DO NOT USE THIS FORM FOR PRO<br>USE "APPLICATION                   | Y NOTICES AND RI          | EPORTS ON        | WELLS                                 | NT RESERVAGE    |   |  |
| OPERATOR   |                           |                  |                                       |                 | 5. State Oil & G                        |  |
| LAND OFFICE  |                           |                  |                                       |                 | State                                   | Fee XX                                 |
| U.S.G.S.   |                           |                  |                                       |                 | 5a. Indicate Tyr                        | r                                      |
| FILE   |                           |                  |                                       |                 | Billocute 1-1                           | 1-03                                   |
| : DISTRIBUTION SANTA FE  | NEW MEXIC                 | רח חוד בטאצו     | ERVATION CO                           | MAISSIAM        | C-102 and C<br>Effective 1-1            | -103                                   |
| NO. OF COPIES RECEIVED   |                           |                  |                                       |                 | Form C-103<br>Supersedes                | OLI                                    |
|  |                           |                  |                                       |                 |   |  |