

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse side)

Form approved.  
Budget Bureau No. 42 R1424

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. <b>NM 043286</b>
2. NAME OF OPERATOR <b>Petro-Lewis Corporation, c/o Minerals Management Inc.</b>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR <b>P. O. Box 2919, Casper, WY 82601</b>		7. UNIT AGREEMENT NAME <b>COM AGR SW-661</b>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) <b>At surface</b>  <b>990' FSL, 1650' FWL, Sec. 14, T19N-R3W</b>		8. FARM OR LEASE NAME <b>Federal Media</b>
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, CR, etc.) <b>6886' KB</b>	9. WELL NO. <b>4</b>
		10. FIELD AND POOL, OR WILDCAT <b>Media Dome Entrada</b>
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <b>NMPM Sec. 14, T19N-R3W</b>
		12. COUNTY OR PARISH <b>Sandoval</b>
		13. STATE <b>New Mexico</b>

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) <input type="checkbox"/>	<b>Temporary Abandon <input checked="" type="checkbox"/></b>	(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.)\*

Subject well was temporarily abandoned about September, 1969, due to non-commercial production. Operator wishes to hold well in temporarily abandoned status for possible future conversion to a water injection well.



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

SIGNED *Jack E. Houghlin*

TITLE Petroleum Engineer

DATE 11-1-74

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side