

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 043286

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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

2. NAME OF OPERATOR
Petro-Lewis Corporation

3. ADDRESS OF OPERATOR
P.O. Box 2250, Denver, Colorado 80202

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

990' FSL, 1650' FWL, Section 14, T19N, R3W

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

6886 KB

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Federal Media

9. WELL NO.

#4

10. FIELD AND POOL, OR WILDCAT

Media Entrada

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 14, T19N, R3W

12. COUNTY OR PARISH 13. STATE

Sandoval N.M.

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) Convert to water injection

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.) *

It is proposed to convert well to water injection in accordance with State of New Mexico Oil Conservation Commission Order R-5017 dated May 22, 1975. Injection will be through internally plastic coated tubing with packer set above perforations, and inert fluid displaced above packer.

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

SIGNED

J. Arnold Hill

Area Manager

TITLE Minerals Management INDATE 10-3-75

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: