| Dec 1973 | Budget Bureau No. 42-R1424 |
|---|---|
| UNITED STATES . | 5. LEASE |
| DEPARTMENT OF THE INTERIOR | / NM - 1696 |
| GEOLOGICAL SURVEY | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME |
| SUNDRY NOTICES AND REPORTS ON WELLS | 7. UNIT AGREEMENT NAME |
| In not use this form for proposals to drill or to deepen or plug back to a different servoir. Use Form 9–331–C for such proposals.) | 8. FARM OR LEASE NAME |
| 1. oil | Boling Federal |
| well well other Disposal well | 9. WELL NO. |
| 2. NAME OF OPERATOR | 5-22 |
| Petro-Lewis Corporation | 10. FIELD OR WILDCAT NAME |
| 3. ADDRESS OF OPERATOR | Media Gallup |
| P. O. Box 16200, Lubbock, Texas 79490 4. LOCATION OF WELL (REPORT LOCATION CLEARLY, See space 17 | 1 |
| below.) AT SURFACE: 400' FNL & 1980' FWL | Sec. 22, T19N, R3W |
| AT TOP PROD. INTERVAL: same | 12. COUNTY OR PARISH 13. STATE Sandowal New Mexico |
| A1 TOTAL DEPTH: same | 14. API NOA |
| 6. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE | |
| REPORT, OR OTHER DATA | 15. ECEVATIONS (SHOW DF, KDB, AND WD) 6896' GL |
| EQUEST FOR APPROVAL TO: EST WATER SHUT OFF RACTURE TREAT HOOT OR ACIDIZE SUBSEQUENT REPORT OF SUBSEQUENT REPORT OF | WE TO THE REAL PROPERTY OF THE PERTY OF THE |
| EST WATER SHUT-OFF | |
| RACTURE TREAT HOOT OR ACIDIZE | (NOTE: Rapport results of multiple completion or zone |
| EPAIR WELL STORY | (NOTE: Report results of multiple completion or zone SURhange or Form 9-330.) |
| ULL OR ALTER CASING | SURhange or Form 9-330.) |
| AULTIPLE COMPLETE [] [] \ CHANGE ZONES [] [] \ CES | al control of |
| HANDON' | AN AN AND AN AND AND AND AND AND AND AND |
| uther) | |
| 7. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly st including estimated date of starting any proposed work. If well is measured and true vertical depths for all markers and zones pertin 5/14/82 - Kill well with 10# brine water, pul. | directionally drilled, give subsurface locations and tent to this work.)* |
| | |
| 5/15/82 - Run in hole with Lynes 7" inflatable leaks. Return well to injection. | e packer and set at 2684'. Test fo |
| leaks. Return well to injection. | |
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| | |
| outsurface Safety Valve: Manu. and Type | Set @Ft. |
| 8. Thereby certify that the foregoing is true and correct | |
| Petroleum | DATE 12/17/82 |
| | |
| CCCEPTED FOR RECORDACE for Federal or State | • |
| APPROVED BY TITLE CONDITIONS OF APPROVAL, IF ANY DEC 2 1982 | DATE |
| DEO % 130C | |