Form	9-33 i
(May	1963)

## UNITED STATES SUBMIT IN TRIPLICATE\* DEPARTMENT OF THE INTERIOR (Other instructions on re-

Form approved. Budget Bureau No. 42-R1424. 5. LEASE DESIGNATION AND SERIAL NO.

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EOLOGICAL SURVEY	NM	045884	Α

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SHNDRY	NOTICES	AND	REPORTS	ON	WELLS

are for proposals to drill or to deepen or plus back to a different resolu

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Use "APPLICATION FOR PERMIT—" for such proposals.)	
OIL X GAS OTHER	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR	8. FARM OR LEASE NAME
Petro-Lewis Corpóration 3. ADDRESS OF OPERATOR	Miller Federal 9. WELL NO.
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	722 10. FIELD AND FOOL, OR WILDCAT  Southwest Media-Entra 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
1335 FNL, 1980 FEL, SEC. 22, T19N, R3W  14. PERMIT NO.   15. ELEVATIONS (Show whether DF, RT, GR, etc.)   6864 RT	Sec. 22, T19N, R3W 12. COUNTY OF PARISH 13. STATE Sandoval New Mexic
16. Check Appropriate Box To Indicate Nature of Notice, Report, o	

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:		
<del></del>	f	I	<u></u>	[
TEST WATER EHUT-OFF	PULL OR ALTER CASING	_	WATER SHUT-OFF	REPAIRING WELL
FRACTURE TREAT	MULTIPLE COMPLETE	_	FRACTURE TREATMENT	ALTERING CASING
SHOOT OR ACIDIZE	ABANDON*	_	SHOOTING OR ACIDIZING	ABANDON MENT*
REPAIR WELL	CHANGE PLANS	_	(Other)	sing X
(Other)			Completion or Recomplet	multiple completion on Well on Report and Log form.)

1-13-76

Ran 137 Jts. of 7" OD 23# K-55, LT&C equipped with Baker Shoe, float collar and DV tool. Casing set at 5266' KB, with DV tool at 3004'. Cement 1st stage 285 sx Halliburton light with 10 pounds Gilsonite per sx, followed by 100 sx neat. Plug down 1:15 P.M. 1-13-76. Cement 2nd stage with 400 sx Halliburton Light, with 10 pounds Gilsonite per sx, followed with 50 sx neat. Plug down 6:30 P.M. 1-13-76. Cement circulated.

CONFIDENTIAL JAN 2 0 1976

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18. I hereby certify that the foregoing is true and correct SIGNED July	Area Manager TITLE Minerals Management Inc DATE	1-19-76
(This space for Federal or State office use)		
APPROVED BY	TITLE DATE	

<sup>17.</sup> 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.)\*