|   | · ¬                                   |                 |                                       | Form C-103                               |  |
|---|---------------------------------------|-----------------|---------------------------------------|--|--|
| . OF COPIES RECEIVED  | <del>-</del>                          |                 |                                       | Form C-103<br>Supersedes                 |  |
| DISTRIBUTION  | +                                     | 011 001155      | NATION COMMISSION                     | C-102 and (                              |  |
| S. TAFE   | NEW MEXICO                            | OIL CONSE       | RVATION COMMISSION                    | Effective 1-                             | 1-65   |
| 4 / E   |                                       |                 |                                       | C - 7. di - 1. Tr.                       |  |
| J.S.G.S.  |                                       |                 |                                       | 5a. Indicate Ty                          | <del></del> 1                                    |
| LAND OFFICE   |                                       |                 |                                       | State X                                  | Fee  |
| OPERATOR  |                                       |                 |                                       | 5. State Oil & C                         | Gas Lease No.                                    |
|   |                                       |                 |                                       | B-934                                    |  |
| CI  | INDRY NOTICES AND DED                 | OPTS ON W       | EIIC                                  |  |  |
| 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 _" (FORM C-101) FOR SUCH PROPOSALS.) |                                       |                 |                                       | 7, Unit Agreem                           | ent Name   |
| 1. OIL GAS WELL WELL  | OTHER-                                |                 |                                       | , can rigidean                           | on realize                                       |
| 2. Name of Operator   |                                       |                 |                                       | 8. Farm or Lea                           | se Name  |
| Petro-Lewis Corpo   | ration                                |                 |                                       | N.M. S                                   | itato "M" Jate                                   |
| 1. Attress of Operator  | 1411011                               |                 |                                       | 9. Well No.                              |  |
| ·   | II ) T 7000/                          |                 |                                       | 42                                       |  |
| 607 Austin St., Levelland, Texas 79336  |                                       |                 |                                       | 43                                       | Pool, or Wildcat                                 |
| 4. Location of Well   |                                       |                 |                                       |  | Carta ##   |
| UNIT LETTERF  | 1980'                                 | <u>North</u>    | _ LINE AND 1980' FEE                  | T FROM The                               | e Hertel   |
| ONIT CETTER   |                                       |                 |                                       |  | ///////////////////////////////////////          |
| \\/ost  | , SECTION 19 TOWNSHI                  | 225             | RANGE 37E                             |  | .//////////////////////////////////////          |
| THE VYEST LINE  | , SECTION TOWNSHI                     | P               | RANGE                                 | MMM. (1111111111111111111111111111111111 |  |
| mmmm  | 15. Elevation (Sh                     | how whether D   | F. RT. GR. etc.)                      | 12, County                               | <del>, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del> |
|   | 3429 DF                               |                 | ,,,                                   | Lea                                      | VIIIIIII   |
|   |                                       |                 |                                       |  |  |
| 16. CI  | heck Appropriate Box To In            | ndicate Na      | ture of Notice, Report                | or Other Data                            |  |
|   | OF INTENTION TO:                      | 1               |                                       | UENT REPORT O                            | F:   |
|   |                                       |                 |                                       |  |  |
|   | PLUG AND AI                           | TANDON []       | REMEDIAL WORK                         | ALI                                      | ERING CASING                                     |
| PERFORM REMEDIAL WORK   | PLOG AND A                            |                 | · · · · · · · · · · · · · · · · · · · | =  | =  |
| TEMPORARILY ABANDON   | • 1                                   |                 | COMMENCE DRILLING OPNS.               | =  | G AND ABANDONMENT                                |
| PULL OR ALTER CASING  | CHANGE PLA                            | NS              | CASING TEST AND CEMENT JOB            |  |  |
|   | •                                     |                 | OTHER                                 |  |  |
| OTHER Temporarily A   | bandon Extension                      | X               |                                       |  |  |
| _ ,   |                                       |                 |                                       | <del> </del>                             | <del></del>                                      |
| 17. Describe Proposed or Comp.  | leted Operations (Clearly state all p | pertinent detai | ls, and give pertinent dates, in      | cluding estimated date                   | of starting any proposed                         |
| work) SEE RULE 1103.  |                                       |                 |                                       |  |  |
|   |                                       |                 |                                       |  |  |
| OWNERSHIP CHA   | NGE. NEED TO REVIE                    | W WELL B        | BORE STATUS.                          |  |  |
| PECHEST EXTENS  | SION - ONE (1) YEAR,                  |                 |                                       |  |  |
| KEQUEST EXTERNS   | JOIN - OINE (I) TEAR,                 |                 |                                       |  |  |
|   |                                       |                 |                                       |  |  |
|   |                                       |                 |                                       |  |  |
|   |                                       |                 |                                       | Å.                                       |  |
|   |                                       |                 |                                       |  |  |
|   | •                                     |                 |                                       |  |  |
|   |                                       |                 |                                       |  |  |
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|   |                                       |                 |                                       |  |  |
|   |                                       |                 |                                       |  |  |
|   |                                       |                 | 0                                     |  |  |
|   |                                       |                 | Oxpires                               | 1/1/20                                   |  |
|   |                                       |                 | 6 Lateres                             |  |  |
|   |                                       |                 | (/                                    |  |  |
|   |                                       |                 | <u> </u>                              |  |  |
|   |                                       |                 |                                       |  |  |
| •   |                                       |                 |                                       |  |  |
|   |                                       |                 |                                       |  |  |
| 18. I hereby certify that the inf   | ormation above is true and complete   | e to the best o | f my knowledge and belief.            |  |  |
| //-/  |                                       |                 |                                       |  |  |
| / //  |                                       | SUF             | PERINTENDENT/LEVE                     | LLAND DIST.                              | July 2, 1976                                     |
| SIGNED  | TORKEL                                | TITLE           |                                       | DĂŤE                                     |  |
|   | -                                     |                 |                                       |  | ·  |
| *   | Orig. Signed                          |                 |                                       |  | 11 1 10 10/18                                    |
|   | John Runsen                           | TITLE           |                                       | DATE                                     | 18 1 m   |
| APPROVED BY   | Trans VIII                            |                 |                                       |  |  |

CONDITIONS OF APPROVAL, IF Geologist