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LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-85

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. B-934
7. Unit Agreement Name
8. Farm or Lease Name New Mexico State "M"
9. Well No. 27
10. Field and Pool, or Wildcat Langlie Mattix
12. County Lea

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.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- Water Injection
2. Name of Operator Petro-Lewis Corporation
3. Address of Operator 401 Fort Worth Club Bldg., Fort Worth, Texas 76102
4. Location of Well UNIT LETTER H, FEET FROM THE LINE AND FEET FROM THE LINE, SECTION 30 TOWNSHIP 22S RANGE 37E NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) 3414' DF

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER <input type="checkbox"/>	OTHER <input type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Move bradenhead valve from below surface to above surface and fill in hole. This work done to provide safe access to bradenhead valve for regular bradenhead pressure surveys.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED H. S. Winston TITLE Petroleum Engineer DATE 1/16/75

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: