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Form C-103
*Supersedes Old*
*C-102 and C-103*
Effective 1-1-65

NEW MEXICO OIL CONSERVATION COMMISSION

**5a. Indicate Type of Lease**
State [X]     Fee [ ]

**5. State Oil & Gas Lease No.**
B-934

## 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 [ ]     GAS WELL [ ]     OTHER. Water Injection

**7. Unit Agreement Name**

**2. Name of Operator**
Petro-Lewis Corporation

**8. Farm or Lease Name**
New Mexico ~~State~~ "M"

**3. Address of Operator**
401 Fort Worth Club Bldg., Fort Worth, Texas 76102

**9. Well No.**
38

**4. Location of Well**

UNIT LETTER ___G___ , _____ FEET FROM THE _____ LINE AND _____ FEET FROM

THE _____ LINE, SECTION ___30___ TOWNSHIP ___22___ RANGE ___37___ NMPM.

**10. Field and Pool, or Wildcat**
Langlie Mattix

**15. Elevation** (Show whether DF, RT, GR, etc.)
3422' DF

**12. County**
Lea

**16.**
## Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

**NOTICE OF INTENTION TO:**

PERFORM REMEDIAL WORK [ ]        PLUG AND ABANDON [ ]

TEMPORARILY ABANDON [ ]

PULL OR ALTER CASING [ ]          CHANGE PLANS [ ]

OTHER _____ [ ]

**SUBSEQUENT REPORT OF:**

REMEDIAL WORK [X]                 ALTERING CASING [ ]

COMMENCE DRILLING OPNS. [ ]        PLUG AND ABANDONMENT [ ]

CASING TEST AND CEMENT JOB [ ]

OTHER _____ [ ]

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. Weinston_     TITLE _Petroleum Engineer_     DATE _1/17/75_

APPROVED BY _____     TITLE _____     DATE _____

CONDITIONS OF APPROVAL, IF ANY: