

NEW MEXICO OIL CONSERVATION COMMISSION

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FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease	
State ☒	Fee ☐
5. State Oil & Gas Lease No.	
B. 934	

SUNDY 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 Agreement Name	
1. ☐ OIL WELL ☒ GAS WELL ☐ OTHER		8. Farm or Lease Name	
2. Name of Operator <i>Petro-Lewis Corp</i>		9. Well No. <i>102</i>	
3. Address of Operator <i>607 Austin St. CLEVELAND TEXAS 79336</i>		10. Field and Pool, or Wildcat <i>JALNIAT</i>	
4. Location of Well UNIT LETTER <i>D</i> <i>660</i> FEET FROM THE <i>NORTH</i> LINE AND <i>200</i> FEET FROM THE <i>West</i> LINE, SECTION <i>29</i> TOWNSHIP <i>22S</i> RANGE <i>37E</i> N.M.P.M.		12. County <i>LEA</i>	
15. Elevation (Show whether DF, RT, GR, etc.) <i>3390 DF</i>			

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data			
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☒	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOBS ☐	
		OTHER <i>Swedge CS9 & Test</i>	

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.

2-2-77- Set 600 series BOP, RIN 4 1/4" Swedge - 2171' to 2175' (4')
2317' to 2328' (11')

2-3-77- 4 1/2" Swedge - 2317' to 2362' (44') 4392' TO

2-4 thru 16-77- Surbbed 1600 BBL WATER. Fluid level remained at 1300'

2-16-77- Shut down - Further remedial work will be conducted as per completion of N.M. "in" State #103 - Jalniat - Yates Seven Rivers Unit. END OF Report.

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

SIGNED <i>Tom Taylor</i>	TITLE <i>Production Manager</i>	DATE <i>2-21-77</i>
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY: <i>See page 2 Shaded Area</i>		

RECEIVED

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CHL COMMISSION COMM.
POBES. N. M.