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NEW MEXICO OIL CONSERVATION COMMISSION

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

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. 47
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 N, 2316 FEET FROM THE W LINE AND 660 FEET FROM THE S LINE, SECTION 20 TOWNSHIP 22 RANGE 37 NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) 3380' 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"/> TEMPORARILY ABANDON <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> CASING TEST AND CEMENT JOBS <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 <u>H S Winston</u>	TITLE <u>Petroleum Engineer</u>	DATE <u>1/17/75</u>
APPROVED BY _____	TITLE _____	DATE _____

CONDITIONS OF APPROVAL, IF ANY: