

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.)

1. oil ☒ well gas ☐ well other ☐
2. NAME OF OPERATOR
LEWIS ENERGY CORPORATION
3. ADDRESS OF OPERATOR
232 North Schwartz, Farmington, New Mexico
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 990' FSL, 990' FWL
AT TOP PROD. INTERVAL: Same as above.
AT TOTAL DEPTH: Same as above.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

- | REQUEST FOR APPROVAL TO: | | SUBSEQUENT REPORT OF: | |
|--------------------------|--------------------------|-----------------------|-------------------------------------|
| TEST WATER SHUT-OFF | <input type="checkbox"/> | | <input type="checkbox"/> |
| FRACTURE TREAT | <input type="checkbox"/> | | <input type="checkbox"/> |
| SHOOT OR ACIDIZE | <input type="checkbox"/> | | <input checked="" type="checkbox"/> |
| REPAIR WELL | <input type="checkbox"/> | | <input type="checkbox"/> |
| PULL OR ALTER CASING | <input type="checkbox"/> | | <input type="checkbox"/> |
| MULTIPLE COMPLETE | <input type="checkbox"/> | | <input type="checkbox"/> |
| CHANGE ZONES | <input type="checkbox"/> | | <input type="checkbox"/> |
| ABANDON* | <input type="checkbox"/> | | <input type="checkbox"/> |
| (other) | | | |

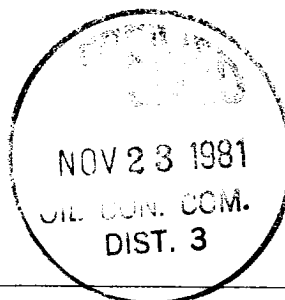
5. LEASE
N00-C-14-20-5829
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Navajo
7. UNIT AGREEMENT NAME
None
8. FARM OR LEASE NAME
Lopez
9. WELL NO.
#1
10. FIELD OR WILDCAT NAME
Wildcat - Gallup
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Section 8-T20N-R4W NMPM
12. COUNTY OR PARISH
Sandoval
13. STATE
New Mexico
14. API NO.
None
15. ELEVATIONS (SHOW DF, KDB, AND WD)
6834 GR.

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Perforated well from 4030 - 4080 with 2 shots/ft. Ran 4½" packer on 2 3/8" tubing and set at 3860'. Date perforated May 23, 1981.

Rig up acidizers. Acidized perforations with 2000 gal., 15% HcL. Acidized on May 23, 1981.



Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

18. I hereby certify that the foregoing is true and correct

SIGNED [Signature] TITLE Operations Manager DATE November 16, 1981

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

NMOCC

ACCEPTED FOR RECORD

NOV 19 1981

FARMINGTON DISTRICT
[Signature]