REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL

PULL OR ALTER CASING MULTIPLE COMPLETE **CHANGE ZONES** ABANDON*

Temporary Abandon

(other)

(NOTE: Report results of multiple completion or zone

change on Form 9-330.)

Form: 9–331 Dec. 1973	. Form Approved. Budget Bureau No. 42–R1424		
UNITED STATES DEPARTMENT OF THE INTERIOR	5. LEASE NOO-C-14-20-5829		
GEOLOGICAL SUPPLIED	6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo		
SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for proposals to drill of to deepen puoling begins a different	7. UNIT AGREEMENT NAME None		
(Do not use this form for proposals to drill of to deepen or plug 1982 a different reservoir. Use Form 9–331–C for such proposals.) 1. oil Sala Sala	8. FARM OR LEASE NAME Lopez		
2. NAME OF OPERATOR	9. WELL NO. #1		
LEWIS ENERGY CORPORATION 3. ADDRESS OF OPERATOR	10. FIELD OR WILDCAT NAME Wildcat - Gallup		
232 North Schwartz, Farmington, New Mexico 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 8-T20N-R4W NMPM		
AT SURFACE: 990' FSL and 990' FWL AT TOP PROD. INTERVAL: Same as above.	12. COUNTY OR PARISH 13. STATE Sandoval New Mexico		
AT TOTAL DEPTH: Same as above. 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	14. API NO. None		
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)		

SUBSEQUENT REPORT OF:

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.)*

After acidizing well was swabbed back. The zone acidized was not productive. The well was swabbed for four days and was producing water. This well has another zone of interest up hole. Pending further evaluation of up hole zone of interest and a possible completion attempt. We request approval to temorarily abandon this well.

All tubing will be removed from well and a cap will be wellded on casing.

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TITLE Operations Mana	age TDATE No	<u>vember 16, 19</u>	81
(This space for Federal or State office	use)		
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		VCCF.	1982
		NAL	4 100
*See Instructions on Reverse Sid	ie	•	NGTON DISTRICT
	TITLE Operations Mana (This space for Federal or State office	TITLE Operations ManagerDATE No. (This space for Federal or State office use)	TITLE Operations ManagerDATE November 16, 19 (This space for Federal or State office use) TITLE DATE ACCEPTED

NMOCC