

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 ☒ gas ☐ other ☐  
well well
2. NAME OF OPERATOR  
Lewis Energy Corporation c/o K&A/Helton
3. ADDRESS OF OPERATOR  
1250 Security Life Building, Denver, CO 80202
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 990' FSL, 930' FWL  
AT TOP PROD. INTERVAL:  
AT TOTAL DEPTH:
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

## REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐  
FRACTURE TREAT ☐  
SHOOT OR ACIDIZE ☐  
REPAIR WELL ☐  
PULL OR ALTER CASING ☐  
MULTIPLE COMPLETE ☐  
CHANGE ZONES ☐  
ABANDON\* ☐

(other) Spud and Casing

## SUBSEQUENT REPORT OF:

☐  
☐  
☐  
☐  
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☐  
☐

5. LEASE  
NM25611
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME  
Ceja Pelon
9. WELL NO.  
1
10. FIELD OR WILDCAT NAME  
Wildcat
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec. 35-T21N-R4W, 1/4 PM
12. COUNTY OR PARISH  
Sandoval
13. STATE  
New Mexico
14. API NO.
15. ELEVATIONS (SHOW OF, KDS, AND WD)  
6,968 G.R.

(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.)\*

Spudded 14 3/4" hole at 8:45 p.m., 12-21-80.

Ran 209' of 9 5/8" O.D., 32.0 lb./ft., new, K-55, ST&C casing set at 218' and cemented with 260 sacks Class B cement, 2% CaCl<sub>2</sub> and 1/4#/sx floccle. Cement did not circulate. Placed 15 sacks of cement around pipe from surface.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED [Signature] TITLE Asst. Mgr., Oper. DATE 1-7-81

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

NMOCC

\*See Instructions on Reverse Side

BW