

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: 660' FNL and 990' FWL

AT TOP PROD. INTERVAL: Same

AT TOTAL DEPTH: Same

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 ☐

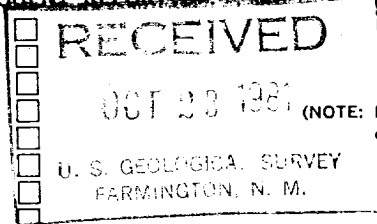
MULTIPLE COMPLETE ☐

CHANGE ZONES ☐

ABANDON* ☐

(other) Liner and cementing report

SUBSEQUENT REPORT OF:



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

5. LEASE

NM 36936

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

None

7. UNIT AGREEMENT NAME

None

8. FARM OR LEASE NAME

San Isidro

9. WELL NO.

#1

10. FIELD OR WILDCAT NAME

Wildcat

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Section 15-T20N-R3W

12. COUNTY OR PARISH

Sandoval

13. STATE

New Mexico

14. API NO.

None

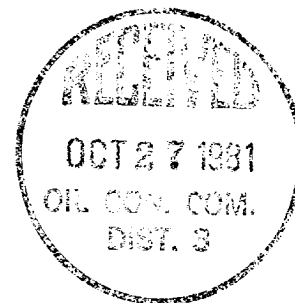
15. ELEVATIONS (SHOW DF, KDB, AND WD)

6855 GR

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.)*

Drilled 6½" hole to 4350'. Ran 17 joints, 4½", 10.5#, J-55 liner (712.49'). Top of liner at 3627'. Bottom of liner at 4346'. Cemented with 70 sx 50/50 poz mix + 2% gel. Reversed out 5 bbls. Liner was tested after 8 hours, to 1500 psi for 30 minutes with no decline in pressure.

Work was performed on April 30, 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 October 21, 1981

(This space for Federal or State office use)

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