

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; Sec. 29-T21N-R3W  
AT TOP PROD. INTERVAL: Same as above.  
AT TOTAL DEPTH: Same as above.

5. LEASE  
NM 29168

6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
N/A

7. UNIT AGREEMENT NAME  
N/A

8. FARM OR LEASE NAME  
Ceja Pelon 29

9. WELL NO.  
#1

10. FIELD OR WILDCAT NAME  
Wildcat *Bullseye*

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Section 29-T21N-R3W

12. COUNTY OR PARISH | 13. STATE  
Sandoval | New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)  
7032' GR.

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

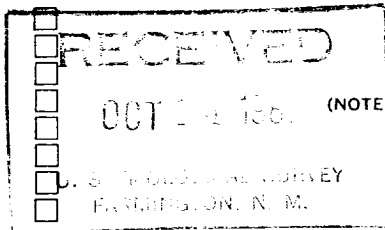
MULTIPLE COMPLETE

CHANGE ZONES

ABANDON\*

(other)

SUBSEQUENT REPORT OF:



(NOTE: Report results of multiple completion or other 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.)\*

Original application requested 4½ liner to be run from bottom of 7" casing (4550') to T.D. Request this be changed to open hole completion from bottom of 7" casing 4507' to T.D. 4620'.

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

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

SIGNED *John Kella* TITLE Operations Manager DATE October 9, 1981

(This space for Federal or State office use)

APPROVED BY *John Kella* TITLE *Acting Dist. Supv* DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side