UNITED STATES DEPARTMENT OF THE INTERIOR **GEOLOGICAL SURVEY**

	Budget Bureau No. 42-R1424
	5. LEASE
	NM 29168
	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
	N/A
	7. UNIT AGREEMENT NAME
ent	N/A
	8. FARM OR LEASE NAME
	Ceja Pelon 29
	9. WELL NO.
	#1
	10. FIELD OR WILDCAT NAME
	Wildcat
	11. SEC., T., R., M., OR BLK. AND SURVEY OR
17	AREA
	Section 29-T21N-R3W
	12. COUNTY OR PARISH 13. STATE
W	Sandoval New Mexico
	14. API NO.
E,	
	15. ELEVATIONS (SHOW DF, KDB, AND WD)
	1 7032' GR.

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a difference or use form 9-331-C for such proposals.)

other

well 🗔 well 2. NAME OF OPERATOR

LEWIS ENERGY CORPORATION

gas

3. ADDRESS OF OPERATOR

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)

232 North Schwartz, Farmington, New Mexico

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space below.)

AT SURFACE: 990' FSL, 990' FWL; Sec. 29-T21N-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

SUBSEQUENT REPORT OF: "

(NOTE: Report results of multiple con 1004 change on Form 9–330.) X U. S. NOW DOWNER SURVEY Production, N. A.

OCT 16 1981 OIL CON. COM. DIST. 3

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent details, 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 to T.D. 4620'. Completed natural (w/o stimulation) from 4507' (bottom of 7" casing) to 4620'. Producing interval is from 4562 - 4620 (Fractured Mancos Shale).

Subsurface Safety Valve: Manu. and Type ______ Ft. 18. I hereby certify that the foregoing is true and correct TITLE Operations Manager DATE October 9, 1981 (This space for Federal or State office use) ___ DATE _ CONDITIONS OF APPROVAL, IF ANY: 511

DOT 15 1981

*See Instructions on Reverse Side