

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.)

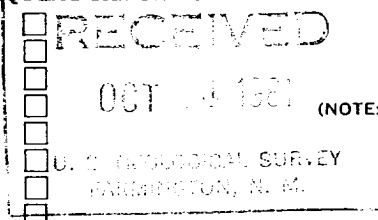
1. oil ☒ well gas ☐ well other ☐  
2. NAME OF OPERATOR  
LEWIS ENERGY CORPORATION  
3. ADDRESS OF OPERATOR  
232 North Schwartz, Farmington, New Mexico  
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 990' FSL, 990' FWL; Sec. 29-T21N-R3W  
AT TOP PROD. INTERVAL: Same as above.  
AT TOTAL DEPTH: Same as above.

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\* ☐

SUBSEQUENT REPORT OF:



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  
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Section 29-T21N-R3W  
12. COUNTY OR PARISH  
Sandoval  
13. STATE  
New Mexico  
14. API NO.  
15. ELEVATIONS (SHOW DF, KDB, AND WD)  
7032' GR.

(other) Cement and casing report 9 5/8" surface casing.

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 12 1/4" hole to 418'. Ran and set 9 5/8", 32#/ft, H-40 at 412'.  
Cemented with 265 sks "B" 2% CaCL. Cement was circulated to surface.  
Casing was tested after 8 hours by applying 650 psi on casing and holding pressure for 30 minutes. There was no pressure decline.

Date work was done May 13, 1981. Spud date was May 12, 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 9, 1981

(This space for Federal or State office use)

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

\*See Instructions on Reverse Side

BY [Signature]

NMOCC

