

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R3005.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

1a. TYPE OF WELL: OIL WELL GAS WELL OTHER
 b. TYPE OF COMPLETION: NEW WELL WORK OVER DEEP-EN OTHER
 2. NAME OF OPERATOR: Lewis Energy Corporation

3. ADDRESS OF OPERATOR: 732 North Schwartz, Farmington, New Mexico 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements):
 At surface: 990' PSL, 990' FWL; Section 29-12N-30E
 At top prod. interval reported below: Same as above.
 At total depth: Same as above.

14. PERMIT NO. DATE ISSUED BY COUNTY OR PARISH STATE
 5-1-81 FARMINGTON SANDHURST NEW MEXICO

15. DATE SPUNDED: 5-12-81
 16. DATE T.D. REACHED: * 8-4-81
 17. DATE COMPL. (Ready to prod.): 5/31/81
 18. ELEVATIONS (DF, RSB, RT, GR, ETC.): 7081' GR
 19. ELEV. CASINGHEAD: 7081'

20. TOTAL DEPTH, MD & TVD: 4562'
 21. PLUG, BACK T.D., MD & TVD: None
 22. IF MULTIPLE COMPL., HOW MANY: None
 23. INTERVALS DEILLED BY: None
 24. ROTARY TOOLS: None
 25. CABLE TOOLS: None

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD):
 26. TYPE ELECTRIC AND OTHER LOGS RUN: None
 27. WAS WELL CORDED: No

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28. CASING RECORD (Report all strings set in well)

CASINO SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
9 5/8"	32#	412'	10 1/2"	263 sq class "B" - 00 class	-0-
"	28#	207'	8 1/2"	417 sq 57/50 p-2	-0-

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)
2 3/8"				

30. TUBING RECORD

SIZE	DEPTH SET (MD)	PACKER SET (MD)
2 3/8"	4500	None

31. PERFORATION RECORD (Interval, size and number):
 32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.
 DEPTH INTERVAL (MD): None
 AMOUNT AND KIND OF MATERIAL USED:

33. PRODUCTION

DATE FIRST PRODUCTION	PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)	WELL STATUS (Producing or shut-in)
8-29-81 6/1/81	Plunger lift	Producing

DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
8-26-81	24	18 1/2"	→	74	392	-0-	7259-1

FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)
220	751	→				38.8

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.): Vented
 TEST WITNESSED BY: Carrol B. Tubbs

35. LIST OF ATTACHMENTS:
 36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records
 SIGNED: [Signature] TITLE: operations Manager DATE: October 26, 1981

*(See Instructions and Spaces for Additional Data on Reverse Side)

NMOCC

WB

INSTRUCTIONS

General: This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See instructions on items 22 and 24, and 33, below regarding separate reports for separate completions.

If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, all types electric, etc.), formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see item 33.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 18: Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments.

Items 22 and 24: If this well is completed for separate production from more than one interval zone (multiple completion), so state in item 22, and in item 24 show the producing interval, or intervals, top(s), bottom(s) and name(s) (if any) for only the interval reported in item 33. Submit a separate report (page) on this form, adequately identified, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

Item 29: "Sacks Cement": Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool.

Item 33: Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

CEJA PELON 29-21-3 #1

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	GEOLOGIC MARKERS		
				NAME	MEAS. DEPTH	TRUE VERT. DEPTH
uv Zone	550'	450'	Sample show and free oil with effluent with air.	Cjo Alamo Picture Guffs Chaera Mendocino Fossil Lookout Marathon Shale	950' 1320' 2150' 2840' 3320' 3760'	950' 1320' 2150' 2840' 3570' 3760'



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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.)

5. LEASE NM 29168		RECEIVED
6. IF INDIAN, ALLOTTEE OR TRIBE NAME None		
7. UNIT AGREEMENT NAME None		U. S. GEOLOGICAL SURVEY FARMINGTON, N. M.
8. FARM OR LEASE NAME Ceja Pelon 29		
9. WELL NO. 1		
10. FIELD OR WILDCAT NAME Undesignated Gallup		
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 29 T21N R3W		
12. COUNTY OR PARISH Sandoval	13. STATE New Mexico	
14. API NO. None		
15. ELEVATIONS (SHOW DF, KDB, AND WD) 7032' GR		

1. oil well gas well other

2. NAME OF OPERATOR
Lewis Energy Corporation

3. ADDRESS OF OPERATOR
232 N. Schwartz, Farmington, NM 87401

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
AT TOTAL DEPTH: Same

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:	SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF <input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE <input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES <input type="checkbox"/>	<input type="checkbox"/>
ABANDON* <input type="checkbox"/>	<input type="checkbox"/>
(other) Completion & Deepening Report <input checked="" type="checkbox"/>	

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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.)*

This well was drilled to a total depth of 4562'. T.D. was reached on 5/22/81. Well came in flowing on this date. As of 5/31/81 well was ready to produce with tubing and well head in place and tied into temporary tanks. On 6/1/81 the well was opened up and flowed until 6/15/81. At this time the well was making occasional heads of oil and it was shut-in until rods & pump could be installed. Rods, pump and pumping unit were installed from 6/28/81 through 6/30/81. Well was opened up on pump on 7/1/81 and was produced until 7/27/81. At this time the decision was made to deepen the well. A completion rig was moved in on 7/28/81 and on 8/4/81 the new T.D. of 4620' was reached. The well was brought back on production on 8/5/81 and tested on 8/26/81.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED Zachary E. Lewis TITLE Operations Mgr. DATE 2/23/82

(This space for Federal or State office use)

ACCEPTED FOR RECORD

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

LESLIE
2-26-82

FEB 25 1982

FEB 24 1982

FARMINGTON DISTRICT
BY [Signature]