

SUNDRY NOTICES AND REPORTS ON WELLS

1. oil ☒ gas ☐ 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: 720' FSL, 660' FWL; Sec. 22-T21N-
AT TOP PROD. INTERVAL: Same R2W
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

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

PULL OR ALTER CASING

MULTIPLE COMPLETE

CHANGE ZONES

ABANDON*

ABANDON* ☐ ☐ Casing and cementing report for 4½" liner.

5. LEASE
NM 7448

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

7. UNIT AGREEMENT NAME
N/A

8. FARM OR LEASE NAME
Lewis 22-21-2

9. WELL NO.
#1

10. FIELD OR WILDCAT NAME
Wildcat *Balls*

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Section 22-T21N-R2W

12. COUNTY OR PARISH Sandoval	13. STATE New Mexico
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14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
7396. GR.

(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.)*

Drilled 6 $\frac{1}{4}$ " hole from 4800' to 5505'. Ran and landed 21 joints 4 $\frac{1}{2}$ ", 10.5# J-55 at 5505'. Top of liner was 4637'. Liner was cemented with 110 sks of 50/50 poz mix and 2% gel and 12% salt. Liner to be tested with completion rig.

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

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

SIGNED Zach Lewis TITLE Operations Manager DATE October 14, 1981

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE _____

ACCEPTED FOR RECORD

OCT 20 1981

FARMINGTON DISTRICT

BY Smn

***See Instructions on Reverse Side**

NMOCG