

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

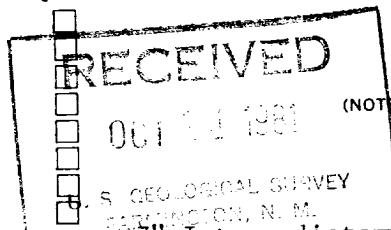
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 990' FSL, ²¹¹⁵ ~~1200~~ FWL; Sec. 30-T21N-
AT TOP PROD. INTERVAL: Same as above. R3W
AT TOTAL DEPTH: Same as above.

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:



(NOTE: Report results of multiple completion zones change on Form 9-330.)



(other) Casing and cementing report on 7" Intermediate 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 an 8 3/4" hole to 4305'. Ran and set 104 joints of 7", 23#, limited service casing at 4304'. A DV tool was run at 2571'. First stage was cemented with 130 sks 50/50 poz + 8% gel + 1/4# C.F. Tailed with 110 sks class "B" cement + 1/4# C.F. The second stage was cemented through DV tool with 305 sks 50/50 poz + 8% gel + 1/4# C.F. Cement circulated. After 8 hours the top stage was tested to 1500 psi for 30 minutes with no decline in pressure. After drilling DV tool out, the bottom stage was tested to 1500 psi for 30 minutes with no pressure decline.

Work was performed on July 20, 1981.

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

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

SIGNED John Lewis TITLE Operations Manager DATE _____

(This space for Federal or State office use)

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

*See Instructions on Reverse Side

NMOCC

BY Sham