

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 ☒ gas ☐
well well other

2. NAME OF OPERATOR
LEWIS ENERGY CORPORATION

3. ADDRESS OF OPERATOR
232 North Schwartz, Farmington, New Mexico

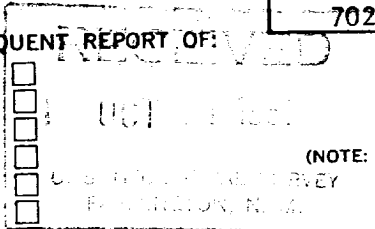
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 660' FNL, 660' FWL; Sec. 28-T21N-
AT TOP PROD. INTERVAL: R3W
AT TOTAL DEPTH:

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* ☐
(other) ☐ Surface casing and cementing report.

SUBSEQUENT REPORT OF:



(NOTE: Report results of multiple completions or change on Form 9-330.)



5. LEASE
NM 29169
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
N/A
7. UNIT AGREEMENT NAME
N/A
8. FARM OR LEASE NAME
Lewis 28-21-3
9. WELL NO.
#1
10. FIELD OR WILDCAT NAME
Wildcat
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Section 28-T21N-R3W
12. COUNTY OR PARISH
Sandoval
13. STATE
New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
7020' GR.

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 a 12 1/4" hole to 405'. Ran and set 9 joints of 9 5/8', 36#, limited service at 402'. Cemented with 275 sks class "B" cement with 8% CaCL. Cement was circulated to surface with 5 bbls returned. After 8 hours, 650# pressure was applied to the casing. Pressure was held on casing for 30 minutes with no decline in pressure.

Work was performed on October 8, 1981. Well spudded on October 7, 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:

OCT 15 1981

*See Instructions on Reverse Side

BY

FARMINGTON, N.M. 87401
Smm