

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.)

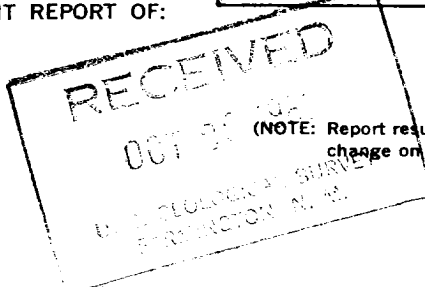
1. oil ☒ gas ☐ other ☐
well well
2. NAME OF OPERATOR
LEWIS ENERGY CORPORATION
3. ADDRESS OF OPERATOR
232 North Schwartz, Farmington, New Mexico
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 660' FNL and 660' FWL
AT TOP PROD. INTERVAL: Same as above.
AT TOTAL DEPTH: Same 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* ☐
(other) Casing report.

SUBSEQUENT REPORT OF:

☐
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5. LEASE
NM 29169
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
None
7. UNIT AGREEMENT NAME
None
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.
None
15. ELEVATIONS (SHOW DF, KDB, AND WD)
7020 CR.



(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 an 8 3/4" hole to 4460'. Ran 101 joints 7", 23#, limited service casing and set at 4455'. A DV tool was run at 1457'. The first stage was cemented with a lead cement of 50 sx 50/50 poz + 6% gel and a tail cement of 75 sx class "B" + 1/4# C.F. The first stage was displaced with 115 bbls H₂O and 58 bbls mud. Circulation was good throughout first stage and the calculated height of first stage cement was 3460'.

The second stage was cemented with 200 sx 50/50 poz + 6% gel. Cement was circulated to surface with 10 bbls returned.

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 23, 1981

(This space for Federal or State office use)

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