

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
Petro-Lewis Corporation
3. ADDRESS OF OPERATOR
Box 509, Levelland, Texas 79336
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 2028'FNL & 1023'FWL
AT TOP PROD. INTERVAL: 7000'
AT TOTAL DEPTH: 7750'
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) ☐

SUBSEQUENT REPORT OF:

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☐
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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.)*

6-10-78, Ran CBL, GR-CCL, RTD @ 7691'.
6-13-78, Perforated w/4" csg. gun, 19-22gm charges, @ 7280,81,82,83, 84,85,86,87,88,7316,17,18,19,20,21,22,90,92,94,7424,25,26, 32,33,34,35,36,37,38,39,40,59,60,61,62,63,64,72,73,78,7642, 43,44,45,46,47,48,54,56,58. Total of 51 holes.
6-15-78, Pumped 3000gal. 7 1/2% HCL, Broke down formation @2000# w/ good ball action. Frac w/50,000gal. mini-frac 2 & 100,000# sand. Drop 16 balls. Pumped 5000gal. mini-frac 2, pad. Pumped 10,000gal. mini-frac 2 w/2#per gal 20-40 sand. Sanded or balled off @2000#. Flowed back and cleaned out 365' of sand with bit.
6-16-78, Pumped 8000gal. @2400#, Pumped 10,000gal. w/2#per gal. 20-40 sand. 14,000gal. w/4# per gal. 20-40 sand. Put away 5000gal. = 200sxs. 20-40 sand. Screened off @ 3100# (OVER)

Subs. Face Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED Don Taylor TITLE Dist. Drlg. Frm. DATE 10-16-78

(This space for Federal or State office use)

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

DATE _____