

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUNDRY NOTICES AND REPORTS ON WELLS

Use this form for proposals to drill or to deepen or plug back to a different
for Form 9-331-C for such proposals.)

gas well ☒ other ☐

1. NAME OF OPERATOR

P. J. Lewis Corporation

3. ADDRESS OF OPERATOR

P.O. Box 937 Levelland, Texas 79336

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 2170' FNL & 1000' FWL

AT TOP PROD. INTERVAL:

AT TOTAL DEPTH:

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* ☐

(other) Spud & set 8 5/8" casing

5. LEASE

SF-080566

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Federal

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Ruddock

9. WELL NO.

7

10. FIELD OR WILDCAT NAME

Blanco Mesaverde

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 3, T25N, R3W

12. COUNTY OR PARISH

Rio Arriba

13. STATE

New Mexico

14. API NO.

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

7337' 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.)*

10-8-79 Spudded 12 1/4" OD hole.

Drilled to 520'.

Ran 12 joints 8 5/8" OD 24# K-55 STD casing set at 512' RKB. Cemented with 150 sacks class "A" cement with 4% Gel, 2% Calcium Chloride and 1/4# Flocele per sack followed by 200 sacks class "A" cement with 2% Calcium Chloride and 1/4# Flocele per sack. Pressure tested 8 5/8 OD casing to 300# for 30 minutes.

Subsurface Safety Valve: Manu. and Type

Set @ Ft.

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

SIGNED *George W. Ammon*

TITLE Production Accountant

DATE October 10, 1979

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side