

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

Petro-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: 2050' FNL & 960' FEL

AT TOP PROD. INTERVAL:

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) ☐

SUBSEQUENT REPORT OF:

☐
☒
☐
☐
☐
☐
☐
☐

5. LEASE

SF-080565

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Federal

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Florance

9. WELL NO.

8

10. FIELD OR WILDCAT NAME

Blanco Mesaverde

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

Sec. 5, T25N, R3W

12. COUNTY OR PARISH 13. STATE

Rio Arriba New Mexico

14. API NO.

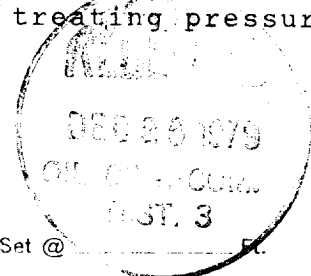
15. ELEVATIONS (SHOW DF, KDB, AND WD)
7292' GR

(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.)*

12-4-79

Perforated 4 1/2" OD casing 6001'-6030' with one shot per foot. (30 shots) Acidized perforations 6001'-6030' with 1200 gallons 15% HCL acid. Dropped 2 ball sealers every 2 barrels of acid. Maximum treating pressure 2800#. Fraced perforations 6001'-6030' with 50,000 gallons Titan III 30 gel with 92,000# 10/20 sand. Maximum treating pressure 3200#. Maximum rate 31 barrels per minute.



Subsurface Safety Valve: Manu. and Type

Set @

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

SIGNED George A. Amron TITLE Production Accountant

DATE December 18, 1979

(This space for Federal or State office use)

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

DATE _____