

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
Lewis Energy Corporation, c/o K&A/Helton3. ADDRESS OF OPERATOR
2200 Security Life Building, Denver, CO 80202

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

AT SURFACE: 990' FSL, 980' 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:

TEST WATER SHUT-OFF ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☐REPAIR WELL ☐PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐CHANGE ZONES ☐ABANDON* ☐

(other) Production Casing

SUBSEQUENT REPORT OF:

☐☐☐☐☐☐☐☐☐

5. LEASE

NM 25611

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Ceja Pelon

9. WELL NO.

1

10. FIELD OR WILDCAT NAME

Wildcat

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

Section 35-T21N-R4W NMPM

12. COUNTY OR PARISH

Sandoval

13. STATE

New Mexico

14. API NO.

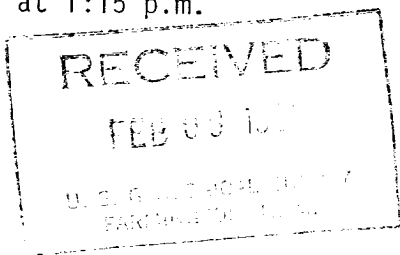
15. ELEVATIONS (SHOW DF, KDB, AND WD)

6,968' 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.)*

Drilled 8 3/4" hole to TD of 4,390'. Ran 4,369' of 7", 23#, K-55, STC, Casing (new) set at 4,369' and cemented with 200 sx Class B cement with 2% CaCl₂ and 1/4 lb./sx Flocele. Good returns throughout, bumped plug at 1:15 p.m.



Subsurface Safety Valve: Manu. and Type

Set @ Ft.

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

SIGNED

TITLE Asst. Mgr., Oper. DATE

February 5, 1981

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

NMOC

*See Instructions on Reverse Side

BL