

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 990' FWL
AT TOP PROD. INTERVAL: Same
AT TOTAL DEPTH: Same
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:

- ☐
☒
☒
☐
☐
☐
☐
☐
☐
☐

RECEIVED

OCT 23 1981

U. S. GEOLOGICAL SURVEY
FARMINGTON, N. M.

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

5. LEASE
NM 36936
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
None
7. UNIT AGREEMENT NAME
None
8. FARM OR LEASE NAME
San Isidro
9. WELL NO.
#1
10. FIELD OR WILDCAT NAME
Wildcat
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Section 15-T20N-R3W
12. COUNTY OR PARISH
Sandoval
13. STATE
New Mexico
14. API NO.
None
15. ELEVATIONS (SHOW DF, KDB, AND WD)
6855 GR

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.)*

Perforated 3848'-68', 3894' - 3914' with one shot per foot. Frac with 500 BBLs oil and 82,000 lb. sand. Flowing well back. 500 BBLs load oil to recover.

Work was performed on August 7, 1981.



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 21, 1981

(This space for Federal or State office use)

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

*See Instructions on Reverse Side

OCT 20 1981

NMOCC

BY

[Signature]