

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
3. ADDRESS OF OPERATOR
232 North Schwartz, Farmington, New Mexico
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 990' FSL, 990' FWL; Sec. 29-T21N-R3W
AT TOP PROD. INTERVAL: R3W
AT TOTAL DEPTH:

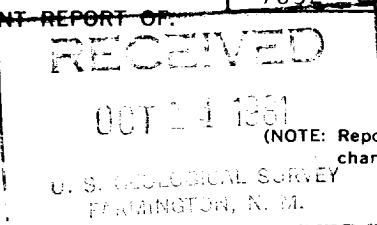
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

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

SUBSEQUENT REPORT OF:

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



(other) Casing and Cementing Report 7" casing

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 4507'. Ran and set 112 joints of 7", 23#/Ft., J-55, casing at 4507'. Cemented with 410 sks. 50/50 poz blend cement. DV tool was set at 1513.81'. First stage cement (200 sks) was brought to 2800'. Second stage (210 sks) was circulated to surface. After 8 hours waiting on cement the top section of casing was tested to 1500 psi. Pressure was held on casing for 30 min. with no decline. The DV tool was drilled up and the lower section of casing was tested to 1500 psi for 30 min. with no decline in pressure. Date work was completed May 22, 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 8, 1981
San Juan Basin

(This space for Federal or State office use)

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

*See Instructions on Reverse Side

NMOCC

BY [Signature]