

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 N. Schwartz, Farmington, NM 87401

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

AT SURFACE: 510' FSL 565' FWL S-1 T20N R3W

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) To correct T.D. & G.L. ☐

SUBSEQUENT REPORT OF:

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5. LEASE

NM 37548

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

None

7. UNIT AGREEMENT NAME

None

8. FARM OR LEASE NAME

Lewis 1-20-3

9. WELL NO.

2

10. FIELD OR WILDCAT NAME

Undesignated Gallup

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

Sec 1 T20N R3W

12. COUNTY OR PARISH

Sandoval

13. STATE

New Mexico

14. API NO.

N/A

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

6981' 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.)*

The ground elevation for this well is 6981'. The well was drilled to a T.D. of 4520'.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED Zachary C. Lewis TITLE Operations Mgr. DATE 5/13/82

(This space for Federal or State office use)

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

MAY 19 1982

FARMINGTON DISTRICT
BY J. Kellin

*See Instructions on Reverse Side

NMOCC

