

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 Water Disposal
2. NAME OF OPERATOR
Petro Lewis Corporation
3. ADDRESS OF OPERATOR
P. O. Box 937, Levelland, Tx. 79336
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 460 FSL, 800 FEL, Sec. 11, T19N
AT TOP PROD. INTERVAL: R4W
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:

☐
☐
☐
☐
☐
☐
☐
☐

(other) CHANGE NAME OF OPERATOR

5. LEASE
NM-24961
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Federal
7. UNIT AGREEMENT NAME
None
8. FARM OR LEASE NAME
Federal 11C
9. WELL NO.
2
10. FIELD OR WILDCAT NAME
Gallup
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 11, T19N, R4W
12. COUNTY OR PARISH Sandoval 13. STATE N. M.
14. API NO.
6644 GR
15. ELEVATIONS (SHOW DF, KDB, AND WD)

(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.)*

To change name of operator from Filon Exploration Corporation,
501 Airport Dr., Suite 210,
Farmington, New Mexico 87401

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

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

SIGNED [Signature] TITLE Dist. Administrator DATE April 15, 1981

(This space for Federal or State office use)

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

NMOCC

*See Instructions on Reverse Side

