

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 ☐
well well other

2. NAME OF OPERATOR
Petro-Lewis Corporation

3. ADDRESS OF OPERATOR
P.O. Box 509 - Levelland, Texas 79336

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 990' FNL - 2160' FWL
AT TOP PROD. INTERVAL: 5308'
AT TOTAL DEPTH: 5425'

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) Produce Well

SUBSEQUENT REPORT OF:

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5. LEASE
NM 1696

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Federal

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Boling Federal

9. WELL NO.
8

10. FIELD OR WILDCAT NAME
Southwest Media Entrada

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
22 - 19N - 3W

12. COUNTY OR PARISH
Sandoval

13. STATE
N.M.

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
6869' 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.)*

3-10-78 - Well PBTD - 5359' (7" casing set @ 5406' w/450 sxs. cement)
Casing Perf. 5308' to 5313' w/4 JSPF (5' - 20 holes)

3-11-78 - Run 1009' 2-7/8" tubing w/2-3/4 tubing pump.

3-22-78 - Well ready to produce.

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

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

SIGNED [Signature] TITLE Sr. Prod. Foreman DATE 3/22/78

(This space for Federal or State office use)

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