5. LEASE

UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY

GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEEOR TRIBE NAME
SUNDRY NOTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT NAME S 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
Do not use this form for proposals to drill or to deepen or plug back to a different eservoir. Use Form 9–331–C for such proposals.)	8. FARM OR LEASE NAME
	PLC Douthit Federal
1. oil gas well other	9. WELL NO.
2. NAME OF OPERATOR Petro Lewis Corporation	10. FIELD OR WILDCAT NAME Blanco Pictured Cliffs
3. ADDRESS OF OPERATOR P. O. Box 2250 717 17th Street, Denver, CO 80201	11. SEC., T., R., M. OR BLK. AND SURVEY OR
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	Section 4, T23N, R1W
below.) AT SURFACE:1670' FSL & 1600' FEL (NWSE)	12. COUNTY OR PARISH 13. STATE
AT TOP PROD. INTERVAL: Same AT TOTAL DEPTH: Same	Rio Arriba New Mexico
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	30-039-22825 # \$ 25 25 25
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD) 7394' GR, \$7406' KDB
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	10 10 10 10 10 10 10 10 10 10 10 10 10 1
TEST WATER SHUT-OFF	
FRACTURE TREAT SHOOT OR ACIDIZE RECEIV	VEL) saga g saga
REPAIR WELL	(NOTE: Report results of multiple completion or zone
PULL OR ALTER CASING [4000 change on Eorm 9-330.) So 3 4 5 5 4
MULTIPLE COMPLETE ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	roitourten thereous hew thereous resident there is should be risted to be down to be aut box to be a
APANDON*	AL STURGEY A STURGEY
(other) Production Casing Takking on	The second of th
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly sta	te all pertinent defails, and give pertinent dates,
including estimated date of starting any proposed work. If well is measured and true vertical depths for all markers and zones pertine	
10-2-81: Reached TD of 3325 feet, ran	open hole logs :
	anging talliving 3325 feet.
$a \circ a \circ $	PIDS UUWII O. OO SUUMI TURI
cement at 1896 feet. Casin	g landed at 333257 KB. 3637
, , , , , , , , , , , , , , , , , , ,	
Subsurface Safety Valve: Manu. and Type	Ft.
18. I hereby certify that the foregoing is true and correct	March 5, 1982
SIGNED TITLE Agent	DATE
(This space for Federal or State	
APPROVED BY TITLE TOTALL CONDITIONS OF APPROVAL, IF ANY:	DATE
CONDITIONS OF AFFRONCE, II AND	និសី ទី គឺ គឺ ការិគី ១ភ្នំ និទ្ធិស័ ក
	かでいま になる (本語) 1000 (100) (1000 (1000 (1000 (1000 (1000 (1000 (
*See Instructions on Revers	e Side 110 1992
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NMOCC

By ______Swb____