UNITED STATES DEPARTMENT OF THE INTERIOR **GEOLOGICAL SURVEY**

Form 9–331	Budget Bureau No. 42-R1424
DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY	5. LEASE SF-080566 6. IF INDIAN, ALLOTTEE OR TRIBE NAME
SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for proposals to drill or to deepen or plug back to a different	7. UNIT AGREEMENT NAME
1. oil gas well well other	8. FARM OR LEASE NAME RUDDOCK 9. WELL NO. 9 10. FIELD OR WILDCAT NAME Apparents PICTURED CLIFF 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC. 2, T25N, R3W 12. COUNTY OR PARISH RIO ARRIBA NEW MEXICO 14. API NO.
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: 900' FNL & 1750' FWL AT TOP PROD. INTERVAL: 3958' AT TOTAL DEPTH: 4100'	

gas well X other well 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 below.) AT SURFACE: 900' FNL & 1750' FWL AT TOP PROD. INTERVAL: 3958 AT TOTAL DEPTH: 4100 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA SUBSECUENT REPORT OF: REQUEST FOR APPROVAL TO:

(NOTE: Report results of multiple completion or zone

change on Form 9-330.)

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

7374 GR

TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES ABANDON* (other) RUN & CMT SURFACE CSG.

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.)*

4-11-78 - Spuded 12-1/4" hole @ 4:45 P.M. Drilled 12-1/4" hole to 540' and ran 13 joints 8-5/8" 24#, K-55, ST&C Csg. = 520.56'. 1.10' shoe, total = 521.66' and set @ 535.33' RKB. Cemented w/155 sxs. Class "B" w/4% gel and 2% CACL2. Followed w/175 sxs. Class "B" w/2% CACL2, circulated our 75 sxs. cmt.

4-12-78 - 5:30 A.M. - Plug down. W.O.C.

Subsurface Safety Valve: Manu. and Type

18. I hereby certify that the for going is true and correct

TITLE Sr. Drlg. Foreman DATE

(This space for Federal or State office use)

_ TITLE

APPROVED BY CONDITIONS OF APPROVAL, IF ANY: DATE