5 MMS, Fmn 2 Wexpro

1 File

Form Approved. Budget Bureau No. 42-R1424

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

DEPARTMENT OF THE INTERIOR	5. LEASE
DEPARTMENT OF THE INTERIOR	NM 16046
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
	THE OR TRIBE NAME
SUNDRY NOTICES AND REPORTS ON WELLS	
(Do not use this form for proposals to deliver in the control of t	7. UNIT AGREEMENT NAME
(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.)	
	8. FARM OR LEASE NAME
1. oil gas XX other	Sis
odiei -	9. WELL NO.
2. NAME OF OPERATOR	1
DUGAN PRODUCTION CORP.	10 51510 00
3. ADDRESS OF OPERATOR	10. FIELD OR WILDCAT NAME
P O Po., 200	Undesignated PC
4 LOCATION OF WELL (PERCENT LOCATION OF WELL	11. SEC., T., R., M., OR BLK. AND SURVEY OR
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)	AREA
AT SURFACE: 790' FNL - 1850' FWL	Sec 21 T21N R4W
AT TOP PROD. INTERVAL:	12. COUNTY OR PARISH 13. STATE
AT TOTAL DEPTH:	
	14 ADI NO
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	14. API NO.
REPORT, OR OTHER DATA	
	15. ELEVATIONS (SHOW DF, KDB, AND WD)
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	7142' GL; RKB = GL
TEST WATER SHUT-OFF	
FRACTURE TREAT	그 그 그 그 그 사람들은 그 그 그를 들었다.
SHOOT OR ACIDIZE	No. 20 Temperatura and Company
REPAIR WELL REC	
PULL OR ALTER CASING	(NOTE: Report results of multiple completion or zone
MULTIPLE COMPLETE	change on Ferm 9-330.)
CHANGE ZONES	医乳腺 医二氢氢氯甲二苯 医乳腺病 美国人
ABANDON*	그 그 그 그렇게 함께 뭐 잘하셨습니까?
(other) Change of Plans	OGICAL SONYEY HET TO BE BELLING TO THE
• · · · · · · · · · · · · · · · · · · ·	provide the contract of the co
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state a including estimated date of starting any proposed work. If well is directly and true vortical death of the proposed work.	all pertinent details - Au
including estimated date of starting any proposed work. If well is dire measured and true vertical depths for all markers and zones pertinent t	ectionally drilled, give subsurface leastings
to the depths for all markers and zones pertinent t	o this work.)*
Plan to modify and	
Plan to modify surface casing program as fo	ollows: = 1733 , 1334
8-3/4" hole	
7" O.D., 20# casing	
Set at 90' with 35 sx of cement t	O sunfacet (no about
The state of the s	o surrace (no change)
	000
,	5,20
	1 700
	\ w@ \ \
Cular to a transfer	
Subsurface Safety Valve: Manu. and Type	24.0
	Set @Ft.
18. I hereby certify that the foregoing is true and correct	
SIGNED / Just /	
Jim L. Jacobs	DATE9-22-82
SIGNED Jim L. Jacobs TITLE Geologist (This space for Federal or State office us	Part of the second seco
	A TO SECTION AND A SECTION AND
APPROVED BY	DATE
TO ALFROVAL, IF ANY:	CEP 9 7 1987
	16 32 22 0
	Colle District

*See Instructions on Reverse Side