

UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE (Other instructions on reverse side)

Form approved. Budget Bureau No. 42-10424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 8902

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 reservoir. Use "APPLICATION FOR PERMIT—" for such proposals.)

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Billie

9. WELL NO.

#1

10. FIELD AND POOL, OR WILDCAT

Wildcat

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec 35 T22N R8W

12. COUNTY OR PARISH 13. STATE

San Juan

NM

1. OIL WELL [] GAS WELL [X] OTHER []

2. NAME OF OPERATOR

Dugan Production Corp.

3. ADDRESS OF OPERATOR

Box 234, Farmington, NM 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface

1650' FSL - 1770' FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

6645' GR

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF []

FRACTURE TREAT []

SHOOT OR ACIDIZE []

REPAIR WELL []

(Other) []

PULL OR ALTER CASING []

MULTIPLE COMPLETE []

ABANDON* []

CHANGE PLANS []

SUBSEQUENT REPORT OF:

WATER SHUT-OFF []

FRACTURE TREATMENT []

SHOOTING OR ACIDIZING []

(Other) []

REPAIRING WELL []

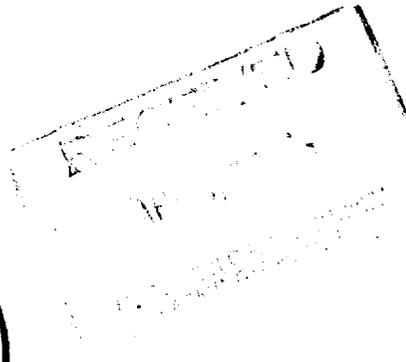
ALTERING CASING []

ABANDONMENT* []

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.)

See Attached Report



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

SIGNED

Richard T. C. Tully

TITLE Landman

DATE 4-26-79

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

NMOCC

*See Instructions on Reverse Side