

Form 9-331  
(May 1962)

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

SUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse side)

Form approved.  
Budget Bureau No. 42-R1424.

**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.)

1. <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">           OIL WELL <input type="checkbox"/> </div> <div style="width: 45%;">           GAS WELL <input checked="" type="checkbox"/> </div> <div style="width: 10%;">           OTHER         </div> </div>		5. LEASE DESIGNATION AND SERIAL NO.  <div align="center">NM 10246</div>	
2. NAME OF OPERATOR  <div align="center">Dugan Production Corp.</div>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME  	
3. ADDRESS OF OPERATOR  <div align="center">Box 234, Farmington, NM 87401</div>		7. UNIT AGREEMENT NAME  	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface  <div align="center">1810' FWL - 1160' FNL</div>		8. FARM OR LEASE NAME  <div align="center">Mike</div>	
14. PERMIT NO.  		9. WELL NO.  <div align="center">1</div>	
15. ELEVATIONS (Show whether DF, RT, GR, etc.)  <div align="center">5996' GR</div>		10. FIELD AND POOL, OR WILDCAT  <div align="center">Wildcat</div>	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  <div align="center">Sec. 20, T26N, R12W</div>	
		12. COUNTY OR PARISH  <div align="center">San Juan</div>	13. STATE  <div align="center">NM</div>

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input checked="" type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/>	

(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.)\*

6-10-75

Moved in Morrow Drilling Company rig. Spudded 7-7/8" hole at 1:00 PM, 6-9-75.  
Drilled to 39'. Ran 2 jts 5-1/2" OD 14# used csg. TE 38.53' set at 39' cemented to surface w/5 sx. Job complete at 2:30 PM, 6-9-75.

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

SIGNED

*Jim L. Jacobs*  
Jim L. Jacobs

TITLE

Geologist

DATE

6-12-75

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side