

Form 9-331
(May 1983)UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on reverse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 17781

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Paul Revere

9. WELL NO.

#203

10. FIELD AND POOL, OR WILDCAT

Wildcat

11. SEC. T., R., M., OR B.L. AND
SURVEY OR AREA

Sec 22 T26N R13W

12. COUNTY OR PARISH 13. STATE

San Juan NM

1. OIL WELL ☐ GAS WELL ☒ 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

1190' FNL - 1000' FWL

14. PERMIT NO.

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

6212' GR

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

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.)*

Request permission to test Pictured Cliffs Formation by selectively perforating the intervals 1304-1308 and 1371-1385. If deemed productive, will complete.

RECEIVED

NOV 2 1981

U. S. GEOLOGICAL SURVEY
FARMINGTON, N. M.

RECEIVED

NOV 9 - 1981

OIL CON. COM.

DIST. 3

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

SIGNED

Thomas A. Dugan

TITLE Petroleum Engineer

DATE 10-30-81

(This space for Federal or State office use)

APPROVED BY (Orig. Sgd.) RAYMOND J. [Signature]
CONDITIONS OF APPROVAL, IF ANY:

TITLE RAYMOND J. [Signature]

DATE

NMOCC

*See Instructions on Reverse Side