Form 9–331	Form Approved. Budget Bureau No. 42–R1424
UNITED STATES	5. LEASE
DEPARTMENT OF THE INTERIOR	NM 11773
GEOLOGICAL SURVEY	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
(Do not use this form for proposals to drill or to deepen of ping back to a different reservoir. Use Form 9–331–C for such proposals.)	8. FARM OR LEASE NAME
1. oil gas KX other	Windfall 9. WELL NO. #1
2. NAME OF OPERATOR Dugan Production Corp.	10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR	WAW FR PC 11. SEC., T., R., M., OR BLK. AND SURVEY OR
Box 208, Farmington, NM 87401 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	AREA
below.)	Sec 31 T26N R11W 12. COUNTY OR PARISH 13. STATE
AT SURFACE: 1740' FSL - 970' FWL AT TOP PROD. INTERVAL:	San Juan NM
AT TOTAL DEPTH:	14. API NO. (유명하다 기계
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)
	6155' GLE 18 18 18 18
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF	FD 1954 2 5 5
TEST WATER SHUT-OFF	作り 人 越越 副語話
SHOOT OR ACIDIZE	사람이 되는 그 사람들은 얼마를 가는 것이 없는 사람들이 되었다.
REPAIR WELL	(NOTE: Report results of multiple completion or zone change on Form 9–330.)
PULL OR ALTER CASING	AL SURVICE TO PROBLEM TO PERFORM \$
MULTIPLE COMPLETE U U. S. CECLOTIC CHANGE ZONES U U. S. CECLOTIC CHANGE ZONES	[[전다 - 그] 크린호등 - 글 구독하는 글
ABANDON*	
(other)	
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly statincluding estimated date of starting any proposed work. If well is d	e all pertinent details, and give pertinent dates,
measured and true vertical depths for all markers and zones pertiner	it to this work.)*
	학원 내가 지원되는
5-31-80 Moved in and rigged up Morrow Drillir	ng Co. Spudded 8-3// hole
and ran 2 jts 7" K-55 casing set 0 83	3.20' with 35 sx class "B" 3
cement. Cement circulated. POB @ 2:	:00 p.m. 5-31480
	사이 사람이 가는 사람들이 살아 가는 것이 되었다.
	# <u>#</u> ##################################
	무료를 하는 것이 맛있다.
	유통진하루 병원 생물보인
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Subsurface Safety Valve: Manu. and Type	
18. I hereby certify that the foregoing is true and correct	25.00 to 0.00
SIGNED TITLE Geologist	DATE = 6-2-80
J1M L. Jacobs	ice use) -1135 ATEPTED FOR DECORI
	DATE
APPROVED BY TILLE CONDITIONS OF APPROVAL, IF ANY:	3 5 5 5 5 1980