Form	9-331
0	1072

REPAIR WELL

(other)

PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES ABANDON\*

Change well number

5 MMS, Fmn UNITED STATES

1 So Union Expl

Form Approved.

(NOTE: Report results of multiple completion or zone

change on Form 9-330.)

Budget Bureau No. 42-R1424

## DEDARTMENT OF THE INTERIOR

5.	. LEASE				
	NM	22046			

DEPARTMENT OF THE INTERIOR	TITL ELOTO		
GEOLOGICAL SURVEY	7. UNIT AGREEMENT NAME  8. FARM OR LEASE NAME Hard Deal		
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 Form 9–331–C for such proposals.)			
1. oil gas well other  2. NAME OF OPERATOR	9. WELL NO. 2J **		
DUGAN PRODUCTION CORP.	10. FIELD OR WILDCAT NAME P.C.		
3. ADDRESS OF OPERATOR P O Box 208, Farmington, NM 87401	11. SEC., T., R., M., OR BLK. AND SURVEY OR		
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)	AREA Sec 18 T26N R12W		
AT SURFACE: AT TOP PROD. INTERVAL: 1650 FNL & 750 FEL	12. COUNTY OR PARISH 13. STATE San Juan NM		
AT TOTAL DEPTH:  16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	14. API NO.		
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD) 5972' GL		
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	3772 32		
TEST WATER SHUT-OFF	en e		
SUPPLY OF ACIDIZE	A control of the cont		

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 change well number from Hard Deal #4 to Hard Deal #2J for reasons of clarity.

Subsurface Safety Valve: Manu. and Type			Set @	Ft.
18. I hereby certify that the foregoing is true and correct  SIGNED Sharman E Dugan	Agent	DATE	4-12-82	The state of the s
	Federal or State offic	e use)		
JAMES F. SIMS DISTRICT ENGINEER	ctions on <b>Re</b> verse Si	40		en e