Form 9-331 (Ma. 1965)

16.

UNITED STATES DEPARTMENT OF THE INTERIOR

SUBMIT IN TRIPLICATE*
(Other instructions on re-

Form approved.
Budget Bureau No. 42-R142
LEASE DESIGNATION AND SERIAL NO.

San Juan

NM

	LOGICAL SURVEY	SF-07/978-A
(Do not use this form for proposals	S AND REPORTS ON WELLS to drill or to deepen or plug back to a different reservoir. N FOR PERMIT—" for such proposals.)	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
OIL X GAS OTHER		7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR		8. FARM OR LEASE NAME
Dugan Production Corp.		Douthit
3. ADDRESS OF OPERATOR		9. WELL NO.
Box 234, Farmington, N	lew Mexico 87401	I
See also space 17 below.) At surface	y and in accordance with any State requirements.*	10. FIELD AND POOL, OR WILDCAT Amarielo Undesignated - Gallug
990¹ FSL - 99	O' FEL	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
14. PERMIT NO.	5. ELEVATIONS (Show whether DF, RT, GR, etc.)	Sec. 33, T28N, RI3W 12. COUNTY OR PARISH 13. STATE
1	- , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , ,	, and the state of the state

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:			
TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (Other)	x	PULL OR ALTER CASING MULTIPLE COMPLETE ABANDON* CHANGE PLANS		WATER SHUT-OFF FRACTURE TEEATMENT SHOOTING OR ACIDIZING (Other) (Note: Report results of mi	REPAIRING WELL ALTERING CASING ABANDONMENT*
(Other)		(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.)*

Plan to repair hole in casing as follows:

- Set bridge
- 2. Locate hole

(This space for Federal or State office use)

CONDITIONS OF APPROVAL, IF ANY:

18. I hereby certify

APPROVED BY

- 3. Squeeze with 150 sacks cement
- 4. Drill out cement and bridge plug and clean out to bottom of perfs
- 5. Re-run tubing and rods, and put well back on production.

