

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

**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 ☐ other T/A  
well well2. NAME OF OPERATOR  
Walter Duncan3. ADDRESS OF OPERATOR  
Box 234, Farmington, NM 87401

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 2450' FNL - 330' FEL  
AT TOP PROD. INTERVAL:  
AT TOTAL DEPTH:16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,  
REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:	SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF <input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE <input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES <input type="checkbox"/>	<input type="checkbox"/>
ABANDON* <input type="checkbox"/>	<input type="checkbox"/>
(other) Well Status	

5. LEASE

14-20-0603-9591

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

North Hogback 1

9. WELL NO.

16

10. FIELD OR WILDCAT NAME

Slickrock - Dakota

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec 1 T29N R17W

12. COUNTY OR PARISH 13. STATE

San Juan

NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)  
5005' GR

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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 further test and evaluate well before plugging and abandoning.

\* Approval to place well in T/A status limited to one year. Casing must be closed at surface with surge and valve. Report results of evaluation and plans to test upon completion, but no later than one year from now. Well must be added to 9-331 report (see HIL-1A) and status shown as T/A.

Subsurface Safety Valve: Manu. and Type

Set @

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

SIGNED

Jim L. Jacobs

TITLE

Agent

DATE

7-27-79

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

See Above

\*See Instructions on Reverse Side

