

Form 9-331
(May 1967)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

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 "APPLICATION FOR PERMIT—" for such proposals.)

1. <div style="display: flex; justify-content: space-between;"> <div style="text-align: left;"> OIL WELL <input checked="" type="checkbox"/> </div> <div style="text-align: left;"> GAS WELL <input type="checkbox"/> </div> <div style="text-align: left;"> OTHER <input type="checkbox"/> </div> </div>		5. LEASE DESIGNATION AND SERIAL NO. 14-20-0603-10010	
2. NAME OF OPERATOR Walter Duncan		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo Tribe	
3. ADDRESS OF OPERATOR Box 234, Farmington, New Mexico 87401		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 720' FNL - 730' FEL		8. FARM OR LEASE NAME North Hogback 12	
14. PERMIT NO.		9. WELL NO. 7	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4985' GR		10. FIELD AND POOL, OR WILDCAT Slickrock - Dakota	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 12, T29N, R17W	
		12. COUNTY OR PARISH San Juan	13. STATE NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

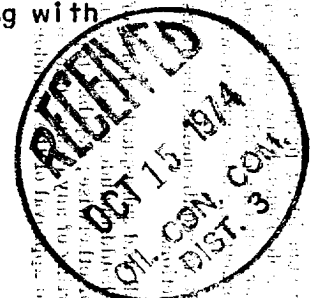
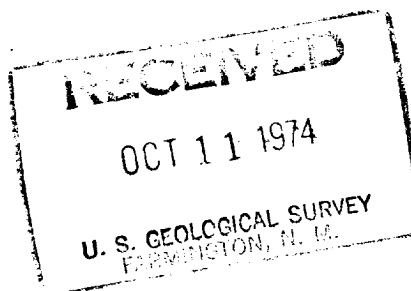
WATER SHUT-OFF <input checked="" type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/>	

(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.)*

9-25-74 Moved in Hap's Drilling Company cable tool rig and drove 7" casing to 12'.

9-26-74 Finished driving 7" 20# J-55 casing to 15' through surface boulders. Drilled 5' below casing and cemented casing with 4 sx cement.



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

SIGNED Original signed by T. A. Dugan
Thomas A. Dugan

TITLE Engineer

DATE 10-9-74

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____