5-USGS (Farmington) 1-Wexpro (Farming	igton) 1-Wexpro (SLC) 1-File
Form 9–331	Form Approved. 3 @ Budget Bureau No. 42—R1424
UNITED STATES DEPARTMENT OF THE INTERIOR	5. LEASE NM 10758 = 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
SUNDRY NOTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT NAME
(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.)	8. FARM OR LEASE NAME Pittam Pond
1. oil gas kX other	9. WELL NO. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
2. NAME OF OPERATOR Dugan Production Corp.	10. FIELD OR WILDCAT NAME PC Twin Mounds
3. ADDRESS OF OPERATOR 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.) 1235' FNL - 1215' FEL	Sec 1-F29N R15W 3 4 4
AT SURFACE: AT TOP PROD. INTERVAL:	12. COUNTY OR PARISH 13. STATE SAN JUAN SE NM. 13.
AT TOTAL DEPTH: 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE 17. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE 18. CHECK APPROPRIATE BOX TO INDICATE NATURE DE NOTICE 18. CHECK APPROPRIATE BOX TO INDICATE NATURE DE NOTICE 18. CHECK APPROPRIATE BOX TO INDICATE NATURE DE NOTICE 18. CHECK APPROPRIATE BOX TO INDICATE NATURE DE NOTICE BOX TO INDICATE DE NOTICE BOX TO INDICATE DE NOTICE BOX TO INDICATE DE	र्भ में अनु के विकेश
REPORT, OR OTHER DATA	15. BLEVATIONS (SHOW DF, KDB, AND WD) 5301 GL 2
REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL PULL OR ALTER CASING	To top of the control of of the c
SHOOT OR ACIDIZE REPAIR WELL PULL OR ALTER CASING MULTIPLE COMPLETE	(NOTE: Report results of multiple completion or zone change on Form 9-330.)
MULTIPLE COMPLETE CHANGE ZONES ABANDON* (other) Additional Testing	change on Form 9-330.) Replication of the change of the ch
DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state including estimated date of starting any proposed work. If well is a measured and true vertical depths for all markers and zones pertined.)	te all pertinent details, and give pertinent dates, directionally drilled, give subsurface locations and
मान्य के प्राप्त के प्राप्त के किया है है जिस के प्राप्त के किया है है जिस के प्राप्त के किया है जिस के प्राप्त विकास के प्राप्त के प्राप्त के किया किया किया किया किया किया किया किया	
Request permission to conduct additional swabbing and evaluation. We feel that this well is capable of producing significant guantities.	
of natural gas with more swadding and testing.	
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	Ation of Authors of Au
Subsurface Safety Valve: Map and Type	Set @ Set 2 Ft.
18. I hereby certify that the foregoing is true and correct TITLE Petroleum Eng	ineer DATE +0-28-81
THOMAS A. DAGAN (This space for Federal or State office use) ACTING SUPERVISOR DATE	
APPROVED BY CONDITIONS OF APPROVAL, IF ANY:	VISOR DATE
	Control of the contro