	Budget Bureau No. 42-R1424
	NM 10758
6	IF INDIAN, ALLOTTEE OR TRIBE NAME

			1		Bnager	Dares	
orm 9-331 Dec. 1973	UNITED STAT	ES	/ Γ	5. LE	ASE NM 10758		
	DEPARTMENT OF THE	INTERIOR	i				DE NAME
1	DEPARTMENT OF THE	. 1141 2.114	<u> </u>	6. IF	INDIAN, ALLOTTEE	OK IKI	BE MAME
	GEOLOGICAL SU	RVEY			<u> </u>		
			-	7 11	NIT AGREEMENT NA	ME	•
	NOTICES AND RE	PORTS ON W	ELLS	7. 0.	1	:	;
SUNDRY	NOTICES AND RE	deepen or plug back to	a different		ARM OR LEASE NAM	F	<u> 1</u>
Do not use this fo	orm for proposals to drill or to n 9–331–C for such proposals.)			8. F	Pittam Por	id 🗄	Ç <b>6</b> ≓
eservoir. Use Form	19-332					<u>· · · · · · · · · · · · · · · · · · · </u>	
1. oil 🖂	gas 🔯 other		Ţ	9. W	ELL NO.	÷.	် ခိုခဲ့ခြ
well 🗀	Well						
2. NAME OF	OPERATOR		į	10, F	IELD OR WILDCAT N Twin Mounds	AME	
Dugar	Production Corp.			PC	Iwin Mounds	·	
	OF OPERATOR			11 5	EC., T., R., M., OR E	ILK. AN	ID SURVEY C
		M 87 <u>401</u>			DEA .	,	
BOX 4	OF WELL (REPORT LOCA	TION CLEARLY. See	e space 17	\ '	Sec 1 T29	N R15	oW
4. LOCATION	1235' FNL -	. 1215' FEL			COUNTY OR PARISH		
below.)		1210		12.	San Juan		NM
AT SURFA	CE:			l		<u> </u>	
AT TOP P	ROD. INTERVAL:			اسبعد	PI NO.		
AT IOIAL	DEFIN.	DICATE NATURE C	F NOTICE	1	1	:	
16. CHECK A	PPROPRIATE BOX TO IN	JICATE NATORE	118	175.	ELEVATIONS (SHOV	V DF, H	KDB, AND W
REPORT,	OR OTHER DATA		< 1/V "	7	5301'- GL:		
•		SUBSEQUENT	OF:		SELEVATIONS (SHOW 5301' GL.		
REQUEST FOR	R APPROVAL TO:	OBSECTION	1	200	<b>₩</b> # € € €		F
TEST WATER	SHUT-OFF	H ,	JAN 5 "	_	و و و الم	÷	ï.
FRACTURE TE	REAT	₩.	THIS	SUR	N	1.	
SHOOT OR A	CIDIZE		oGIC	SNY MAS	TE: Report results of n	nultiple (	completion of A
REPAIR WELL	. 닐	Ħ\\	GEOLUGIC	7,	change on Form	-330.7	
PULL OR ALT	TER CASING 닏	l ∤ l	· SEARMIN				
MULTIPLE CO	OMPLETE 📙	H · ·	•		1		
CHANGE ZON	NES 닏	H . 1	1 8	ava I	to Test		≥ A .
ABANDON*	ΧX	Requ	est Appro	ovai	(0 1636	•	
(other)					tis ant details ar	d give	pertinent da
	BE PROPOSED OR COMPL g estimated date of starting and true vertical depths	FTED OPERATIONS	(Clearly sta	ate all	pertinent details, an	ubsurfa	ce locations
17. DESCRIE	3E PROPOSED OR COMME	g any proposed wor	rk. It well is	ent to t	his work.)*		
including	BE PROPOSED OR COMILE g estimated date of starting ed and true vertical depths	for all markers and	zones perun	0110 10 1			
						_	r to st
	an to run one poir		ing test	on th	is well 1-5-8	3.	
We nla	an to run one poir	t back pressu	THE CESE	<b>V</b> 11 <b>V</b> 1			
NC PI						- :	
					÷ +		
					-	1	
					JAN 1 7 1063	問題:	
				42×	1 J 6	FI ST	打してなり 勢
			ايت 	AKA EE		P. Jugar	
			•	<b>5</b>			
					1001 7 7 1900		
				the case	JAN	V	
						* Y.	50 6 F C.

Subsurface Safety Valve: Manu. and Type 18. I hereby certify that the foregoing is true and correct Geologist APPROVED

DISTRICT ENGINEER

\*See Instructions on Reverse Side

**NMOCC** 

JUJUNT