4-USGS (Farmington) 1-EPNG (Fields, El Paso) 1-NWP (Randolph) _Budget Bureau No. 42-R1424 Form 9-331 Dec. 1973 UNITED STATES 5 5 5. LEASE NM 024158 DEPARTMENT OF THE INTERIOR 6. IF INDIAN, ALLOTTEE OR TRIBE NAME **GEOLOGICAL SURVEY** 7. UNIT AGREEMENT NAME. 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.) 8. FARM OR LEASE NAME McKenzie 1. oil gas well \square 9. WELL NO. other well #1E :: 0 2. NAME OF OPERATOR 10. FIELD OR WILDCAT NAME Dugan Production Corp. Basin Dakota 3. ADDRESS OF OPERATOR 11. SEC., T., R., M., OR BLK. AND SURVEY OR Box 208, Farmington, NM 87401 4 1 5 FG ្រ ខ្លុំចំង AREA 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 Sec 20 T30N R12W below.) 12. COUNTY OR PARISH 13. STATE 800' FNL - 960' FWL AT SURFACE: NM = San Juan 😁 AT TOP PROD. INTERVAL: AT TOTAL DEPTH: 14. API NO. 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA 15. ELEVATIONS (SHOW DF. KDB, AND WD) 5792" GR SUBSEQUENT REPORT OF: REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE (NOTE: Report results of multiple completion or zone REPAIR WELL change on; Form 9-330.1 PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES ABANDON* spud and surface csg (other) 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.)* 8-14-79 Moved in and rigged up Four Corners Drlg Co. Rig #7. _Drilled rat hole and mouse hole. Spudded 12-1/4" surface hole @ 5:00 p.m. 8-13-79. Drilled to 522'. Ran 12 jts 9-5/8" OD 8R 47# "B" condition csg. TE 507.11' set @ 520' RKB. Cemented by Dowell w/225 sx class "B" neat w/1/4# cello flake per sx and 2% CaCl. POB 4:30 a.m. 8-14-79. Cement circulated. Set @ Subsurface Safety Valve: Manu. and Type ____ 18. I hereby certify that the foregoing is true and correct 8-14-79 President DATE SIGNED Dugan (This space for Federal or State office use) TITLE APPROVED BY CONDITIONS OF APPROVAL, IF ANY:

