

Form 9-331  
(May 1963)

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE\*  
(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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. <u>14-20-604-84</u>	
2. NAME OF OPERATOR <u>T. A. DUGAN</u>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME <u>ute mt</u>	
3. ADDRESS OF OPERATOR <u>Box 234 Farmington, N.M. 87401</u>		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 <u>1650' fsk 1980' fwh</u>		8. FARM OR LEASE NAME <u>Teuacca ute</u>	
14. PERMIT NO.		9. WELL NO. <u>7</u>	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>5557' G.L.</u>		10. FIELD AND POOL, OR WILDCAT <u>Verde Gallup</u>	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>SEC. 30, T. 31N, R. 14W</u>	
		12. COUNTY OR PARISH <u>SAN JUAN N.M.</u>	
		13. STATE	

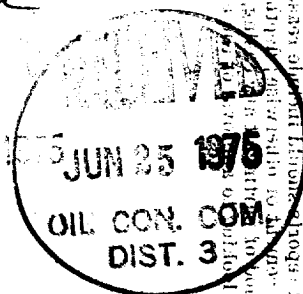
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <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.)\*

- ① spot 25 sx Cement plug 4440' - 4646'
- ② sitoot csq. off @ 2800'
- ③ spot 30 sx Cement plug 2800' - 2710'
- ④ lay down csq. - spot 10 sx plug 170' - 140'
- ⑤ spot 10 sx surface plug
- ⑥ INSTALL SURFACE MARKER



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

SIGNED [Signature] TITLE PRES. LHM VERDE DATE 5/10/75

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side