

Form 9-337
(May 1963)UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

14-20-604-84

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

ute mt

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

TELUFCO ute

9. WELL NO.

12

10. FIELD AND POOL, OR WILDCAT

WET DE Gallup

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

SEC. 31, T. 31N, R. 14W

12. COUNTY OR PARISH

SAN JUAN N.M.

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 ☒ GAS ☐
WELL WELL OTHER

2. NAME OF OPERATOR

Thomas A Dugan

3. ADDRESS OF OPERATOR

Box 234 Farmington N.M. 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

660 ft 660' ft

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

5564 C.L.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PCLL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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 perti-
nent to this work.)*

- ① spot 25 SX CEMENT plug 4545'-4720'
- ② shoot CSG off @ 2967'
- ③ spot 30 SX CEMENT plug 2967'-2977'
- ④ spot 10 SX plug 158'-128' - lay down CSG
- ⑤ spot 10 SX SURFACE plug
- ⑥ INSTALL HOLE MARKER



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

SIGNED

TITLE

DATE

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side