FRACTURE TREAT SHOOT OR ACIDIZE

REPAIR WELL

REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF

PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES ABANDON\*

5 BLM, Finn

1 File

Form Approved.

## UNITED STATES

## DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY

Dec. 1973	, ,	Bucge	Budget Bureau No. 42=R1424		
UNITED STATES  DEPARTMENT OF THE INTE	RIOR	5. LEASE NM 4958			
GEOLOGICAL SURVEY		6. IF INDIAN, ALLOTTEE OR TRIBE 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.)		7. UNIT AGREEMENT NAME			
		8. FARM OR LEASE NAME April Surprise			
1. oil gas other		9. WELL NO.			
<ul><li>2. NAME OF OPERATOR     Dugan Production Corp.</li><li>3. ADDRESS OF OPERATOR     P O Box 208, Farmington, NM 87499</li></ul>		10. FIELD OR WILDCAT NAME Undesignated Gallup  11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA			
AT SURFACE: 660' FNL - 1830' FEL AT TOP PROD. INTERVAL: AT TOTAL DEPTH:		12. COUNTY OR PARISH San Juan	13. STATE		
		14. API NO.			
16. CHECK APPROPRIATE BOX TO INDICATE N REPORT, OR OTHER DATA	ATURE OF NOTICE,	15. ELEVATIONS (SHOW DF, KDB, AND WD 6710' GL			
REQUEST FOR APPROVAL TO: SUBSEQUI	ENT REPORT OF:				

· (NOTE: Report results of multiple completion or zone

change on Form 9–330.)

(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.)\*

XX Spud & Surface Casing

M.I. & R.U. Four Corners Drilling Company rig #5. Spudded  $12\frac{1}{4}$ " hole 6-4-84 at 11:15 PM 6-3-84. Drilled to 215'. Ran 7 jts. 8-5/8" OD, 24#, 8 Rd ST&C casing (T.E. 198') set at 207'. Cemented with 135 sacks class
"B" plus 2% CaCl<sub>2</sub> (159 cf total). P.O.B. at 2:15 PM 6-3-84. (Circulated 2 bbls good cement.) Wait on cement 12 hrs. Nipple up B.O.P. and test surface casing and B.O.P. to 600 psi for 30 minutes during W.O.C. time.

RECENED

Subsurface Safety Valve: Manu. and Type			07	Set @	Ft	
18. I hereby certify that the foregoing is transfer $\frac{1}{3}$ $\frac{1}{1}$ $$	and correct	DET 9	•	•		
/ Jim L. Jacobs	(IIII3 Spece to. )			ACCEPTED FOR	RECORD	
APPROVED BYCONDITIONS OF APPROVAL, IF ANY:			DATE _	JUN 18	1984	

MIN.

FARWINGTUN RESUDENCE AKEA