

Form 9-331
(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.

NOOC-14-20-4311

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Navajo Allotted

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Bumble

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Cuervo Mesaverde

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

Sec. 27, T24N, R8W

12. COUNTY OR PARISH

San Juan

13. STATE

N.M.

1.

OIL WELL ☒ GAS WELL ☐ OTHER

2. NAME OF OPERATOR

Dugan Production Corp.

3. ADDRESS OF OPERATOR

Box 234, Farmington, New Mexico 87401

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

660' FWL - 1980' FNL

14. PERMIT NO.

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

6757' GR

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)

PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐ABANDON* ☐CHANGE PLANS ☐Resume Operations ☒

SUBSEQUENT REPORT OF:

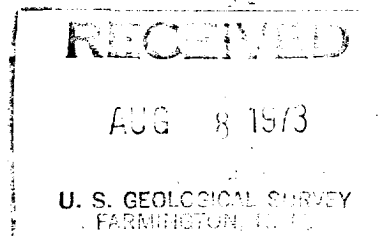
WATER SHUT-OFF ☐FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☐

(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 pertinent to this work.)*

1. Drill out bottom cement plug 3900-4300'
2. Perforate Mesaverde formation from 4105-4120'
3. Acidize formation with 500 gallons
4. Swab well
5. Put well on pump.

18. I hereby certify that the foregoing is true and correct
Original signed by T. A. DuganSIGNED Thomas A. DuganTITLE EngineerDATE 8-6-73

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side