Form	9-331
Dec.	1973

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Form 9–331 Dec. 1973	and the second	Form Approved Budget Bureau No. 42-R1424	
UNITED STATES	5. LEASE		
DEPARTMENT OF THE INTERIOR	NM_14100	= = = = = = = = = = = = = = = = = = = =	
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	7. UNIT AGRE	EMENT NAME	
reservoir. Use Form 9-331-C for such proposals.)	8. FARM OR LEASE NAME -		
1. oil gas XX other	Nean_Bet 9. WELL NO.	ty_Jean	
2. NAME OF OPERATOR	L		
Dugan Production Corp.	.]	VILDCAT NAME	
3. ADDRESS OF OPERATOR		ildcat	
P O Box 208, Farmington, NM 87401	11. SEC., I., R AREA	., M., OR BEK. AND SURVEY OR	
4. LOCATION OF WELL (REPORT LOCATION CLEARLY, See space 17	Sec 14.1	7. 24N RIIW	
below.) AT SURFACE: 1850' FNL - 790' FEL		R PARISH 13. STATE	
AT TOP PROD. INTERVAL:	San Juan		
AT TOTAL DEPTH:	14. API NO.		
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,			
REPORT, OR OTHER DATA	15. ELEVATION	45 (SHOW DF, KDB, AND WD)	
	6510' GL	_	
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:		e e e e e e e e e e e e e e e e e e e	
TEST WATER SHUT-OFF \(\bigcup XXX \) Drilling sta	atus		
FRACTURE TREAT SUPPLY OF ACIDITE THE STATE			
SHOOT OR ACIDIZE LI LI LI REPAIR WELL C	. (NOTE: Report :	results of multiple completion or zon-	
PULL OR ALTER CASING		on Form 9-330 1 1 100 10	
MULTIPLE COMPLETE	-	00	
CHANGE ZONES [] L.	e e e		
	100000000000000000000000000000000000000	1 2000	
(other)			
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly statincluding estimated date of starting any proposed work. If well is dimeasured and true vertical depths for all markers and zones pertined	lirectionally drille.	etails, and give pertinent dates d, give subsurface locations and	
Status as of 7-31-81 (7:00 a.m.):			
D :33: 50 / 3 /	10.1		
Drilling 5" hole w/ water at 84	10,	3 · · ·	
	,		
	-		

Substirface Safety Valve: Many. and Type the oregoing is true and correct LE Petroleum EngineerDATE Thomas A. Dugan (This space for Federal or State office use) TITLE _ CONDITIONS OF APPROVAL, IF ANY:

MMOCC

*See Instructions on Reverse Side

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