Form 9-331	© Bills) UNITED ST DEPARTMENT OF T	HE INTERIO	SUBMIT IN TRIPL (Other instructions verse side)	on re- 5. LEASE DE	rm approved. dget Burcau No. 42 R1424 SIGNATION AND SERIAL NO.	
SUND (Do not use this fo	GEOLOGICAL RY NOTICES AND rm for proposals to drill or to Use "APPLICATION FOR PER!	REPORTS OF	WELLS k to a different reservoir		SLUG	
1.	•	WII for such prop	osais.)		EEMENT NAME	
OIL CAS X OTHER 2. NAME OF OPERATOR					LEASE NAME	
Dugan Production Corp.					Gallegos	
3. ADDRESS OF OPERATOR	Damington MM 0	7401		9. WELL NO.	3	
Box 234, Farmington, NM 87401 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*					ND POOL, OR WILDCAT	
See also space 17 below.) At surface					Kutz - PC	
1830' FSL - 950' FEL					R., M., OR BLK. AND CY OR AREA	
				Sec 2	1, T28N, R12W	
14. PERMIT NO.	15. ELEVATIONS	(Show whether DF, R	r, GR, etc.)		OR PARISH 13. STATE	
		5608' GR		San J	uan NM	
16.	Check Appropriate Box	To Indicate Na	ture of Notice, Repo	ort, or Other Data		
No	TICE OF INTENTION TO:	,		SUBSEQUENT REPORT ()F:	
TEST WATER SHUT-OFF	PULL OR ALTER C.	ASING	WATER SHUT-OFF	R	REPAIRING WELL	
FRACTURE TREAT	MULTIPLE COMPLI	ETE	FRACTURE TREATME	ii	LITERING CASING	
SHOOT OR ACIDIZE	ABANDON*		SHOOTING OR ACIDIZ		Completion X	
REPAIR WELL (Other)	CHANGE PLANS		(Other) (Note: Repor	t results of multiple c Recompletion Report s	completion on Well	
proposed work. If y nent to this work.) *	completed operations (Clearly well is directionally drilled, gives the control of	e subsurface locatio	ns and measured and tr	ne verticai deptus foi i	an markers and zones perc	
3-8-76 PBTD 1503'. Wesusing 148,500 SC Spearhead frac wax 2100 psi, Fi	stern Company foam CF nitrogen, 30,000 v/100 gal 15% HCl. inal 1900 psi, ISDI s, no ball action.	D lbs 10-20 Breakdown P 1000 psi,	sd, 154 bbls w 1800 psi, IF 19	tr and 40 gal 900 psi, Avg 2	Adafoam. 2000 psi,	
			[A 19.6			
		OIL		MAR 1 2 19	176	
\bigcap			-	U. 8- 07010710AL	ा । वाप्रकास	
SIGNED KIN	the foregoing is true and corre	TITLE	Engineer	DATE	3-9-76	
(This space for Feder	al or State office inte)					
APPROVED BY	PROVAL, IF ANY:	TITLE		DATE	}	