

5-USGS (Farmington) 1-Duncan 1-File

Form 9-331  
Dec. 1973

Form Approved.  
Budget Bureau No. 42-R1424

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

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.)

5. LEASE	14-20-0603-10008
6. IF INDIAN, ALLOTTEE OR TRIBE NAME	Navajo
7. UNIT AGREEMENT NAME	
8. FARM OR LEASE NAME	North Hogback 6
9. WELL NO.	3
10. FIELD OR WILDCAT NAME	Slickrock Dakota
11. SEC., T., R., M. OR BLK. AND SURVEY OR AREA	Sec 6 T29N R16W
12. COUNTY OR PARISH	San Juan
13. STATE	NM
14. API NO.	
15. ELEVATIONS (SHOW DF, KDB, AND WD)	

1. oil ☒ well gas ☐ well other ☐

2. NAME OF OPERATOR Wells  
Raymond T. Duncan

3. ADDRESS OF OPERATOR  
Box 208, Farmington, NM 87401

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: NW/4 SW/4  
AT TOP PROD. INTERVAL: 2885'  
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:	SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF <input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE <input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES <input type="checkbox"/>	<input type="checkbox"/>
ABANDON* <input type="checkbox"/>	<input type="checkbox"/>
(other) <u>disposal wells</u>	

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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.)\*

The following wells are disposing water into this disposal well:

North Hogback 6 #1  
6 #4  
6 #5  
6 #6

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_

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

SIGNED Bud Crane TITLE Prod. Supt. DATE 10-10-79

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_ DATE \_\_\_\_\_

NMOCC