

5 MMS, Fmn 1 File

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.)

1. oil ☒ gas ☐ other ☐
well well
2. NAME OF OPERATOR
DUGAN PRODUCTION CORP.
3. ADDRESS OF OPERATOR
P O Box 208, Farmington, NM 87401
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 890' FSL - 1930' FEL
AT TOP PROD. INTERVAL:
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>Change Plans</u>	

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.)*

Plan to change surface casing program as follows:
12-1/4" hole (no change)
9-5/8" O.D. casing - 43 lb./ft.
Set at 200' (no change)
Cemented with 135 cu.ft. to surface

Subsurface Safety Valve: Manu. and Type _____

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

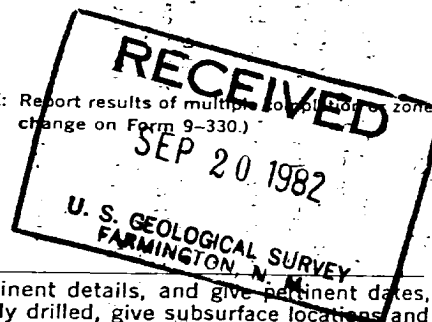
SIGNED Jim L. Jacobs TITLE Geologist DATE 9-20-82

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

5. LEASE
SF 080230
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Sapp C
9. WELL NO.
3
10. FIELD OR WILDCAT NAME
Lybrook Gallup
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 5 T23N R7W
12. COUNTY OR PARISH 13. STATE
San Juan NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
7142' GL; 7154' RKB

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



Set @ _____ Ft.

