5 BLM, FMN 2 Celsius 1 File

Form Approved. Budget Bureau No. 42-R1424

UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY

5.	LEASE	/	
	LEASE	1981	6.

9. WELL NO.

6.	IF INDIA	N. AL	LOTTEE OR	TRIBE NAME

	SUNDRY	NOTICES	AND	REPORTS	ON	WEI.LS
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(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.)

gas X well well

other

2. NAME OF OPERATOR

DUGAN PRODUCTION CORP.

3. ADDRESS OF OPERATOR

P O Box 208, Farmington, NM 87499 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17

AT SURFACE:

1060' FNL - 1670' FWL

AT TOP PROD. INTERVAL:

AT TOTAL DEPTH:

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

10. FIELD OR WILDCAT NAME .

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME December Dream

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

Sec. 7, T23N R9W, NMPM

12. COUNTY OR PARISH 13. STATE San Juan

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD) 6820' GL; 683**2'** RKB

REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF

FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL

PULL OR ALTER CASING MULTIPLE COMPLETE

(other)Temporary water disposal into surface pit (NTL-2B)

CHANGE ZONES ABANDON*

SUBSEQUENT REPORT OF:

RECEIV

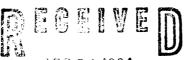
MAR S 6 1984 Report results of multiple completion or zone BURLAU OF LAND MANAGER AREA

BURLAU OF LAND MANAGER AREA

FARMIN GTON RESOURCE AREA

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.)*

We request 90 days for temporary disposal of water into surface pit, due to excessive quantity of frac water produced (20 bbls. per day)



APR 0 4 1984

OIL CON. DIV.

DIST. 3

Subsurface Safety Valve: Manu. and Type

egoing is true and correct 18. I hereby certify

mice President

DATE

Set @

(This space for Federal or State office use)

APPROVED BY CONDITIONS OF APPROVAL, IF ANY: TITLE

DATE

*See Instructions on Reverse Side

NMOCC

M. MILKENBACH