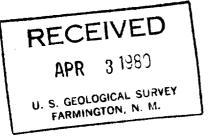
Form Approved. Budget Bureau No. 42-R1424

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SLIRVEY

5. LEASE
NM 4958
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
April Surprise
9. WELL NO.
#2
10. FIELD OR WILDCAT NAME
Basin Dakota
11. SEC., T., R., M., OR BLK. AND SURVEY O
Sec 30 T24N R9W
12. COUNTY OR PARISH 13. STATE San Juan NM
14. API NO.

SUNDRY NOTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT NAME
Do not use this form for proposals to drill or to deepen or plug back to a different eservoir. Use Form 9–331–C for such proposals.)	8. FARM OR LEASE NAME April Surprise
1. oil gas well other	9. WELL NO. #2
2. NAME OF OPERATOR  Dugan Production Corp.  3. ADDRESS OF OPERATOR  Box 208, Farmington NM 87401  4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	10. FIELD OR WILDCAT NAME  Basin Dakota  11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
below.) AT SURFACE: AT TOP PROD. INTERVAL: AT TOTAL DEPTH:	Sec 30 T24N R9W  12. COUNTY OR PARISH   13. STATE   NM  14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD) 6975 GL
REQUEST FOR APPROVAL TO:  SUBSEQUENT REPORT OF:  TEST WATER SHUT-OFF  FRACTURE TREAT  SHOOT OR ACIDIZE  REPAIR WELL  PULL OR ALTER CASING  MULTIPLE COMPLETE  CHANGE ZONES  ABANDON*  (other)	(NOTE: Report results of multiple completion or zone change on Form 9–330.)
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state including estimated date of starting any proposed work. If well is a measured and true vertical depths for all markers and zones pertined	te all pertinent details, and give pertinent dates directionally drilled, give subsurface locations and nt to this work.)*

Cement top behind 4-1/2" casing after second stage cement job -- 550'



NOCEPTED FOR RECORD

	BY		con a	F
Subsurface Safety Valve: Manu. and Type			Set -	
18. I hereby certify that the loregoing is tr	rue and correct		<b>*</b> 0 00	
SIGNED J.4. Nugar	TITLE President	DATE _	4-2-80	
Indinas A. Ungan	(This space for Federal or State office use)			
APPROVED BY	TITLE	DATE		
CONDITIONS OF APPROVAL, IF ANY:				

**NMOCC**