1 - File 1 - Billie Robinson 5 - USGS Form Approved. Budget Bureau No. 42-R1424 Form 9-331 Dec. 1973 UNITED STATES LEASE NM 13612 DEPARTMENT OF THE INTERIOR 6. IF INDIAN, ALLOTTEE OR TRIBE NAME GEOLOGICAL SURVEY 7. UNIT AGREEMENT NAME 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.) 8. FARM OR LEASE NAME Snuffle-upagus gas 9. WELL NO. $\Box X$ well other well #1 2. NAME OF OPERATOR 10. FIELD OR WILDCAT NAME Dugan Production Corp. Wildcat 3. ADDRESS OF OPERATOR P 0 Box 208, Farmington, NM 87401 11. SEC., T., R., M., CR BLK. AND SURVEY OR **A**REA 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 Sec 23 T24N R12W 12. COUNTY OR PAR'SH 13. STATE 790' FNL - 1520' FEL NW/4 NE/4AT SURFACE: NM San Juan AT TOP PROD. INTERVAL: 14. API NO. AT TOTAL DEPTH: 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, 15. ELEVATIONS (SHOW DF, KDB, AND WD) REPORT, OR OTHER DATA SUBSEQUENT REPORT OF: REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE (NOTE: Report results of multiple completion or zone change on Form 9-330-10 4 1985 REPAIR WELL PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES ABANDON* (other) 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.)* Plugged and abandoned this well in the following manner: 3-18-82 Filled 2-7/8" O.D., 6.4#, CW-55, 10 Rd, NEUE tubing for csg. from plug back TD 1100' to surface using 30 sx cement. Installed permanent dry hole monument. 2. Filled all pits. Cleaned well location of all equipment, pipe, junk, and trash. Restored surface; will reseed next planting season. Removed tie-downs. Approved as to plugging of the well bore. Liability under bond is retained until surface restoration is completed. Set @ _ Subsurface Safety Valve: Manu. and Type \pm APPROVED 18. I hereby sertify that the foregoing is true and correct Agent

NMOCG

AREA MANAGER

(This space for Federal or State office use)

SIGNED A

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY: