1 - Navajo Nation

1 - File

Form Approved.

SUNDRY NOTICES AND REPORTS ON WELLS SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill or to deepen or plug back to a different servoir. Use Form 9-331-C for such proposals.) 1. oil	C-14-20-4310 DIAN, ALLOTTEE OR TRIBE NAME jo Allotted AGREEMENT NAME MOR LEASE NAME ab Trail #1
SUNDRY NOTICES AND REPORTS ON WELLS To not use this form for proposals to drill or to deepen or plug back to a different prover, the form 3-331-C for such proposals.) So not use this form for proposals to drill or to deepen or plug back to a different prover. the form 3-331-C for such proposals.) So not use this form for proposals to drill or to deepen or plug back to a different prover. The proposals to drill or to deepen or plug back to a different prover. The provers to a different provers to a	DIAN, ALLOTTEE OR TRIBE NAME jo Allotted AGREEMENT NAME MOR LEASE NAME ab Trail #1
SUNDRY NOTICES AND REPORTS ON WELLS Denote use this form for proposals to drill or to deepen or plug back to a different fervoir. Use form 9-331-C for such proposals.) B. FARR Kaib Oil gas well XXX other Dugan Production Corp. ADDRESS OF OPERATOR P 0 Box 208, Farmington, NM 87401 LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) AT SURFACE: 790' FSL - 790' FWL AT TOTAL DEPTH: CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA EQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: SET WATER SHUT-OFF ACTURE TREAT DOTO OF ACIDIZE PAIR WELL ULTIPLE COMPLETE DATA EQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: SET WATER SHUT-OFF DATA EQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: SET WATER SHUT-OFF DATA EQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: SET WATER SHUT-OFF DATA EQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: SET WATER SHUT-OFF DATA EQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: SET WATER SHUT-OFF DATA EQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: SET WATER SHUT-OFF DATA EQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: SET WATER SHUT-OFF DATA EQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: SET WATER SHUT-OFF DATA EQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: SET WATER SHUT-OFF DATA EQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: SET WATER SHUT-OFF DATA EQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: 15. ELECTORY 16. EACH ARE. SEC. 12. COU SAN. 14. API 15. ELECTORY 16. EACH 17. EACH ARE. SEC. 12. COU SAN. 14. API 15. ELECTORY 16. EACH 17. EACH 18. FARK ABID 19. WELL 19. WELL 19. OFILE 19. OFILE	jo Allotted TAGREEMENT NAME MORLEASE NAME ab Trail #1
SUNDRY NOTICES AND REPORTS ON WELLS To not use this form for proposals to drill or to deepen or plug back to a different pervoir. Use Form 9-31-C for such proposals.) 8. FARM Report 1	AGREEMENT NAME OR LEASE NAME ab Trail #1
SUNDRY NOTICES AND OTHER DATA one tuse this form for proposals to drill or to deepen or plug back to a different servoir, Use Form 9-331-C for such proposals.) I. oil gas well xxx other 2. NAME OF OPERATOR Dugan Production Corp. 3. ADDRESS OF OPERATOR P 0 Box 208, Farmington, NM 87401 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) AT SURFACE: 790' FSL - 790' FWL AT TOTAL DEPTH: 5. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA EQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: EST WATER SHUT-OFF SUBSEQUENT REPORT OF: ULL OR ALTER CASING MULL	MORLEASE NAME ab Trail #1
Saib	ab Trail #l
Saib	ab Trail #l
Subsurface Safety Valve: Manu. and Type Subsurface Safety Valve: Man	
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: 790' FSL - 790' FWL AT TOP PROD. INTERVAL: AT TOTAL DEPTH: 5. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA EQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: EST WATER SHUT-OFF SUBSEQUENT REPORT OF: EST WATER SHUT-OFF SUBSEQUENT REPORT OF: EST WATER SHUT-OFF SUBSEQUENT REPORT OF: EPAIR WELL SULL OR ALTER CASING SHAPMORE ZONES SHAPMON* Other) 7. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertire including estimated date of starting any proposed work. If well is directionally measured and true vertical depths for all markers and zones pertinent to this will shappen to the subsequence of the su	
Dugan Production Corp. 3. ADDRESS OF OPERATOR P 0 Box 208, Farmington, NM 87401 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) AT SURFACE: 790' FSL - 790' FWL AT TOP PROD. INTERVAL: AT TOTAL DEPTH: 6. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA EQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: EST WATER SHUT-OFF SUBSEQUENT REPORT OF: EST WATER SHUT-OFF SHAPPEN SHULL SEED SHAPPEN SHAPPEN SHUP SHAPPEN SHAPPEN SHAPPEN SHAPPEN SHAPPEN SHEPPIN SHEPPIN SHEPPIN SHAPPEN SHA	
Under P 0 Box 208, Farmington, NM 87401 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) AT SURFACE: 790' FSL - 790' FWL AT TOP PROD. INTERVAL: AT TOTAL DEPTH: 6. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA EQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: EST WATER SHUT-OFF SUBSEQUENT REPORT OF: EST WATER SHUT-OFF SUBSEQUENT REPORT OF: EVALUATION OF ACIDIZE SHOP SUBSEQUENT REPORT OF: EPAR WATER CASING SHOP SHOP SUBSEQUENT REPORT OF: EPAR WELL SEPAR WELL SHOP SUBSEQUENT REPORT OF: EPAR WATER CASING SHOP SHOP SUBSEQUENT REPORT OF: EPAR WATER SHUT-OFF SUBSEQUENT REPORT OF: EST WATER SHOP SUBSEQUENT REPORT OF: EST WATER SHOP SUBSEQUENT	D OR WILDCAT NAME
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) AT SURFACE: 790' FSL - 790' FWL AT TOP PROD. INTERVAL: AT TOP PROD. INTERVAL: AT TOTAL DEPTH: 6. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA EQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: EST WATER SHUT-OFF SUBSEQUENT REPORT OF: EST WATER SHUT-OFF SUBSEQUENT REPORT OF: EPAIR WELL SECOLOGICAL SURVER HANGE ZONES SUBSEQUENT FARMINGTON. N. M. BANDON* Other) 7. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertire including estimated date of starting any proposed work. If well is directionally measured and true vertical depths for all markers and zones pertinent to this wing the starting and proposed work. If well is directionally measured and true vertical depths for all markers and zones pertinent to this wing Subsurface Safety Valve: Manu. and Type Subsurface Safety Valve: Manu. and Type 18. I hereby certify that the foregoing is true and correct	signated Gallup
AL LOCATION OF WELL (REPORT LOCATION CLEARLY, See space 1) below.) AT SURFACE: 790' FSL - 790' FWL AT TOP PROD. INTERVAL: AT TOTAL DEPTH: 6. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA EQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: EST WATER SHUT-OFF RACTURE TREAT HOOT OR ACIDIZE UILL OR ALTER CASING UILLIPLE COMPLETE HANGE ZONES BANDON* other) 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertir including estimated date of starting any proposed work. If well is directionally measured and true vertical depths for all markers and zones pertinent to this we 6-20-81 Moved in and rigged up Four Corners Rig # 9:00 p.m. 6-17-81. Drilled to 208'. Ran 8Rd, ST&C csg. T.E. 183' set at 195' RKB class B plus 2% CaCl. POB at 2:00 a.m. 6	., T., R., M., OR BLK. AND SURVEY OR
AT SURFACE: 790' FSL - 790' FWL AT TOP PROD. INTERVAL: AT TOTAL DEPTH: 6. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA 14. API 15. ELEV 6684 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA 17. DESCRIBE FROPOSED OR SUBSEQUENT REPORT OF: 18. I hereby certify that the foregoing is true and correct 19. COUNTY FARMONTO. 14. API 14. API 15. ELEV 6684 15. ELEV 6684 16. CHECK APPROPRIATE OF: 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT OF: 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT OF: 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT OF: 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT OF: 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertire including estimated date of starting any proposed work. If well is directionally measured and true vertical depths for all markers and zones pertinent to this with the foliation of the pertinent	
AT TOP PROD. INTERVAL: AT TOTAL DEPTH: 6. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA EQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OE: EST WATER SHUT-OFF SUBSEQUENT REPORT OE: EPAIR WELL SUBSEQUENT REPORT OE: WILL OR ALTER CASING SUBLEPAIR WELL SULTIPLE COMPLETE SHANGE ZONES SUBSEQUENT REPORT OF FARMINGTON. N. M.	20_T24N_R8W NTY OR PARISH 13. STATE
6. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA EQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: EST WATER SHUT-OFF SUBSEQUENT REPORT OF: EST WATER SHUT-OFF SPUND REPORT OF: EST WATER SHOTH SHOTH SAME OF SPUND REPORT OF: EST WATER SHOTH SHOTH SAME OF SPUND REPORT OF SPUND RE	Juan NM
REPORT, OR OTHER DATA EQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: EST WATER SHUT-OFF RACTURE TREAT HOOT OR ACIDIZE EPAIR WELL UILL OR ALTER CASING IULTIPLE COMPLETE HANGE ZONES BANDON* other) 7. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertir including estimated date of starting any proposed work. If well is directionally measured and true vertical depths for all markers and zones pertinent to this will be accepted by the complete of the com	NO.
EQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: EST WATER SHUT-OFF RACTURE TREAT HOOT OR ACIDIZE EPAIR WELL ULL OR ALTER CASING HULTIPLE COMPLETE HANGE ZONES BANDON* Other) 7. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertir including estimated date of starting any proposed work. If well is directionally measured and true vertical depths for all markers and zones pertinent to this we 6-20-81 Moved in and rigged up Four Corners Rig # 9:00 p.m. 6-17-81. Drilled to 208'. Ran 8Rd, ST&C csg. T.E. 183' set at 195' RKB class B plus 2% CaCl. POB at 2:00 a.m. 6	I .
EST WATER SHUT-OFF SACTURE TREAT SPUNCE: SURFIACE CEG RACTURE TREAT SURVELL SULL OR ALTER CASING SULL OR ALTER CASING SHANDON* STARMINGTON, N. M. FARMINGTON, N. M. FARMINGTON, N. M. STARMINGTON, N. M. ST	VATIONS (SHOW DF, KDB, AND WD)
RACTURE TREAT HOOT OR ACIDIZE IEPAIR WELL PULL OR ALTER CASING HOULTIPLE COMPLETE HANGE ZONES BANDON* other) 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertir including estimated date of starting any proposed work. If well is directionally measured and true vertical depths for all markers and zones pertinent to this will measured and true vertical depths for all markers and zones pertinent to this will start and sones pertinent to the starting any proposed work. If well is directionally measured and true vertical depths for all markers and zones pertinent to this will start and sones pertinent to the start and sones pertin	
Subsurface Safety Valve: Manu. and Type Sepair Well	
REPAIR WELL PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES CHBANDON* Other) 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertire including estimated date of starting any proposed work. If well is directionally measured and true vertical depths for all markers and zones pertinent to this with the foregoing is true and correct Subsurface Safety Valve: Manu. and Type 18. I hereby certify that the foregoing is true and correct	1144 -
MULTIPLE COMPLETE CHANGE ZONES CHANGE ZONE	Report results of multiple completion arzone 1981
Including estimated date of starting any proposed work. If well is directionally measured and true vertical depths for all markers and zones pertinent to this with the foregoing is true and correct. Including estimated date of starting any proposed work. If well is directionally measured and true vertical depths for all markers and zones pertinent to this with the foregoing is true and correct. Including estimated date of starting any proposed work. If well pertinent to the sum of the proposed work. If well pertinent to the sum of the pertinent to the pertinent to the pertinent to the sum of the pertinent to the pertin	change on Form 9-330.) OIL CON. COM
Including estimated date of starting any proposed work. If well is directionally measured and true vertical depths for all markers and zones pertinent to this with the foregoing is true and correct. Including estimated date of starting any proposed work. If well is directionally measured and true vertical depths for all markers and zones pertinent to this with the foregoing is true and correct. Including estimated date of starting any proposed work. If well pertinent to the sum of the proposed work. If well pertinent to the sum of the pertinent to the pertinent to the pertinent to the sum of the pertinent to the pertin	DIST 3
7. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertir including estimated date of starting any proposed work. If well is directionally measured and true vertical depths for all markers and zones pertinent to this with the foregoing is true and correct. 7. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertire including as the client of starting any proposed work. If well is directionally measured and true vertical depths for all markers and zones pertinent to this with the foregoing is true and correct. 8. I hereby certify that the foregoing is true and correct.	and the same of th
including estimated date of starting any proposed work. If well is directionally measured and true vertical depths for all markers and zones pertinent to this will be supported by the starting and true vertical depths for all markers and zones pertinent to this will be supported by the start of the star	
18. I hereby certify that the foregoing is true and correct	Fork.)* Spudded 12½" hole at 6 jts. 8-5/8" OD, 24#, 8. Cemented w/ 135 sx
Jim L. Jacobs (This space for Federal or State office use)	TE 67247871111 FRR REGGRA
APPROVED BY TITLE D	
CONDITIONS OF APPROVAL, IF ANY:	Fran Ellist