ABANDON\*
(other) Extend APD

5 MMS, Fmn

1 File

Form Approved. Budget Bureau No. 42-R1424

## UNITED STATES

5. LEASE	
NM 10089	

DEPARTMENT OF THE INTERIOR	NM 10089	
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
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 Mary Anne	
1. oil gas well other	9. WELL NO.	
2. NAME OF OPERATOR DUGAN PRODUCTION CORP.	10. FIELD OR WILDCAT NAME Basin Dakota	
3. ADDRESS OF OPERATOR P 0 Box 208, Farmington, NM 87401 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	11. SEC., T., R., M., OR BLK. AND SURVEY OR	
	Sec 9 T24N 9W	
below.) AT SURFACE 790' FSL - 1650' FSL AT TOP PROD. INTERVAL:	12. COUNTY OR PARISH 13. STATE NM	
AT TOTAL DEPTH:  16. CHECK APPROFRIATE BOX TO INDICATE NATURE OF NOTICE,	14. API NO. 22 3 4 2 3 4 2 4 4 4 4 4 4 4 4 4 4 4 4	
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)	
الراقع والمرافع والم والمرافع والمرافع والمرافع والمرافع والمرافع والمرافع والمرافع	6677' GL	
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:		
TEST WATER SHUT-OFF	ED	
SHOOT OR ACIDIZE.  REPAIR WELL  PULL OR ALTER CASING   MAY 20 19	(NOTE: Report results of multiple completion or zone change on Form 9–330.)	
MULTIPLE COMPLETE		

(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.)\*

Request extension of APD due to drilling schedule.

Request extension of APD a	ine to artitling zen	edu i e :
extended	to 11/28/82	DECESTANE
		MAY 1 8 1982
	101241982	U.S. GEOLOGICAL SURVEY ROSWELL, NEW MEXICO
2 ( ) Value Magu and Type	MAY 24 1902 OIL CON. OIL DIST. 3	Set @ Ft.
Subsurface Safety Valve: Manu. and Type  18. I hereby certify that the foregoing is true and correct		
SIGNED JOYN MCHUGH (This space for Federal or	e Coordinator 5	AND DESCRIPTION OF THE PARTY OF
ADDROVED BY	DATE	A.FROVED
CONDITIONS OF APPROVAL, IF ANY:		MAY 21 198
		, 0

\*See Instructions on Reverse Side