McHugh 1 - File

DISTRICT ENGINEER

Form 9-331 Form Approved. Budget Bureau No. 42-R1424 Dec. 1973 UNITED STATES 5. LEASE DEPARTMENT OF THE INTERIOR NM 14100 GEOLOGICAL SURVEY 6. IF INDIAN, ALLOTTEE OR TRIBE NAME 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 <u>Mean Betty Jean</u> 1. oil gas [X]Xwell \square other well 9. WELL NO. 2. NAME OF OPERATOR Dugan Production Corp. 10. FIELD OR WILDCAT NAME £ 2.5 3. ADDRESS OF OPERATOR <u>Chacra Wildcat</u> P 0 Box 208, Farmington, NM 87401 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 Sec 14 T24N R11W below.) 1850' FNL - 790' FEL AT SURFACE: 12. COUNTY OR PARISH 13. STATE AT TOP PROD. INTERVAL: <u>San Juan</u> AT TOTAL DEPTH: 14. API NO. 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE. REPORT. OR OTHER DATA 15. ELEVAT PNS (SHOW DE KOB, AND WD) 異なるる 점염병류 SUBSEQUENT REPORT OF: REQUEST FOR APPROVAL TO: nogon bring and a solidos. TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL Remort results of multiple completion or zone Form 9–330.) PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES ABANDON* (other) Request for Extenstion of Time 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.)* Have been unable to perform tests as approved on sundry notice dated 2-16-83 due to bad weather and prohibitive road conditions Request 15 additional days to conduct tests and make an evalu Extended to 5-22 Subsurface Safety Valve: Manu. and Type ___ Set @ 18. I hereby certify that the foregoing is true and correct 4-21-83 Geologist TITLE . DATE SIGNED APPROVED (This space for Federal or State office use) APPROVED BY __ TITLE _ DATE CONDITIONS OF APPROVAL, IF ANY: JAMES F. SIMS

*See Instructions on Reverse Side