Form	9-331
Dec.	1973

Form 9–331	5 BLM, Fmn	1	7		Approved. It Bureau No. 42-R1424		
Dec. 1973	UNITED STATES		5. L	EASE			
	DEPARTMENT OF THE IN	NTERIOR	_	IM 26047			
	GEOLOGICAL SURV			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 reservoir. Use Form 9–331–C for such proposals.)		8.	8. FARM OR LEASE NAME				
			Bowers				
1. oil gas well other			9.	9. WELL NO.			
2. NAME OF OPERATOR Dugan Production Corp.			10.	10. FIELD OR WILDCAT NAME			
			F	Potwin Pictured Cliffs			
3. ADDRESS OF OPERATOR P.O. Box 208, Farmington, NM 87499			11.	11. SEC., T., R., M., OR BLK. AND SURVEY OR			
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17			/	AREA			
below.)				Sec. 17, T24N, R8W, NMPM  12. COUNTY OR PARISH 13. STATE			
AT SUR	11102	20 111	l l	San Juan	NM		
AT TOP PROD. INTERVAL: AT TOTAL DEPTH:			14. API NO.				
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,			Ε,				
REPORT, OR OTHER DATA		15.	15. ELEVATIONS (SHOW DF, KDB, AND WD)				
	an approval To. SUBS	EQUENT REPORT OF:		6890' GL; RKB = GL			
	OR APPROVAL TO: SUBS R SHUT-OFF	П (1200)					
FRACTURE	TREAT	BRECE	1.37	<del>1-</del>			
SHOOT OR	ACIDIZE $\square$	I jame have the	i d	೧TF: Report results of m	ultiple completion or zone		
REPAIR WE	LL U  LTER CASING		4 1980	change on Form 9-	-330.)		
MULTIPLE	COMPLETE 🔲		11 X 1				
CHANGE ZO	DNES 📙	BUREAU OF 1/2		T AMEN			
ABANDON* (other)		XX Spud and s	urface	urface casing			
	IBE PROPOSED OR COMPLETED ng estimated date of starting any red and true vertical depths for all				d give pertinent dates, bsurface locations and		
measu	red and the vertical departments	11/10/84					
,	Spudded 8-3/4" hole at	11/10/09	llad t	o 98' Ran 3	its 7" 0.D.		
2	Spudded 8-3/4" noie at 20#, 8 Rd., ST&C casing (41 cf slurry). P.O.B.	ı. Set at 9/'ar	id ceme	ented with 35 s	sx class "B"		
,	(4) 6) 3/4/197.			1994 1			
				• •			
				Agenta or of	NOV2 CD24		
				O	IL COM 12.7. DIST. 9		
Subsurface	Safety Valve: Manu. and Type			Se	t @ Ft.		
	by certify that the foregoing is true						
18. Theret	by certary that the foregoing is true	Genlaaist	:	DATE 11-12	2-84		
SIGNED	Jim L. Jacobs	TITLE	te office us	ACCEPTED	FOR RECORD		
i					9 1 1004		
APPROVED CONCITION	BYS OF APPROVAL, IF ANY.	TITLE			~AFX 130개 *		

MMOCC

FARMINGTON RESOURCE AREA