5. LEASE

NM4958

## UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY

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deoeddicae Survey	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
SUNDRY NOTICES AND REPORTS ON WELLS	
(Do not use this form for proposals to drill or to do	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.)	R FARM OR LEADS
1. oil gas well other	8. FARM OR LEASE NAME April Surprise
Well Other	9. WELL NO.
2. NAME OF OPERATOR	4
DUGAN PRODUCTION CORP.	10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR	Basin Dakota
P.O. Box 208, Farmington, NM 87499	11 050 7
<ol> <li>LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)</li> </ol>	AREA
AT SURFACE:	Sec 19 T24N R9W
AT TOP PROD. INTERVAL: 1710' FSL - 830' FWL	12. COUNTY OR PARISH 13. STATE
AT TOTAL DEPTH:	San Juan NM
6. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	14. API NO.
REPORT, OR OTHER DATA	15 \ EL EVATIONS
FOURST FOR ARRONAU TO	15. ELEVATIONS (SHOW DF, KDB, AND WD
EQUEST FOR APPROVAL TO:  EST WATER SHUT-OFF  RACTURE TREAT  SUBSEQUENT REPORT  OO 7	6915' GL; 6927' RKB
EST WATER SHUT-OFF TRACTURE TREAT	
RACTURE TREAT   1982 HOOT OR ACIDIZE   1982 EPAIR WELL   1982 ULL OR ALTER CASING   1982	SURMOTE: Report results of multiple completion or zon change on Form 9–330.)
EPAIR WELL	ad 8 = 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
JLL OR ALTER CASING	SURMOTE: Report results of multiple completion or zon
ULTIPLE COMPLETE	1. (4) Change on Form 9-330.)
BANDON*	
ther) XX Spud & Syrface	Cacing
	The state of the s
7. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state including estimated date of starting any proposed work. If well is di	all pertinent details, and give pertinent dates
including estimated date of starting any proposed work. If well is dimeasured and true vertical depths for all markers and zones pertinent	rectionally drilled, give subsurface locations and
MI & RU Four Corners Drilling Co. Rig #10. Sp 1:30 p.m. 10-29-82 Drilled to 2201	uddod 1218 hall a
- 1 - 2 D P 1 4 3 4 % CQC 1 P . U . B . AT 5 1/15 n m 1/	0-28-82 Good coment
to surface.	o 20-02. Good Cellent
	entre Constant
•	
	$\mathcal{F}_{i}$
surface Safety Valve: Manu. and Type	Set @ Ft.
I hereby certify that the foregoing is true and correct	
	Constitution of the state of th
Jim 1 Jacobs TITLE Geologist	DATE <u>10-29-82</u>
(This space for Federal or State office	
OVED BY	
DITIONS OF APPROVAL, IF ANY:	
	AGGEPTED FOR RECORD
36880am	
14 PM	

NMOCO

\*See Instructions on Reverse Side

NOV 3 1982