5 MMS,Fmn 1 So Un Expl

1 Fire

5. LEASE

Form Approved.

Budget Bureau No. 42-R1424

UNITED STATES DEPARTMENT OF THE INTERIOR

NM4958		
C ICINIDIANI	ALLOTTEE OR	TOIDE NAME

GEOLOGICAL 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 deepen or plug back to a different reservoir, Use Form 9–331–C for such proposals.)	7. UNIT AGREEMENT NAME	
1. oil gas XX other	April Surprise 25 25 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
2. NAME OF OPERATOR DUGAN PRODUCTION CORP. 3. ADDRESS OF OPERATOR P.O. Box 208, Farmington, NM 87499 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) AT SURFACE: AT TOP PROD. INTERVAL: AT TOTAL DEPTH:	10. FIELD OR WILDCAT NAME Basin Dakota & Undes. Gallup 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 19 T24N R9W 12. COUNTY OR PARISH San Juan RM NM 14. API NO.	
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD) 6915; GL; 6927; RKB 3 4 2	
REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL PULL OR ALTER CASING LTIPLE COMPLETE ANGE ZONES ANDON* (other)	(NOTE: Report results of multiple completion or zone change on Form 9–330.)	
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly stating including estimated date of starting any proposed work. If well is a measured and true vertical depths for all markers and zones pertine	INTERMINATION OF THE STATE SUBSTITUTE TO CONTROL OF THE	
11-4-82 TD 6340'	Townson Common C	
11-11-82 PETD 6279'	The control of the co	

Subsurface Safety Valve: Manu. and Type ___ 18. I hereby certify that the foregoing is true and correct Geologist DATE (This space for Federal or State office use) APPROVED BY CONDITIONS OF APPROVAL, IF ANY:

MAY 05-1983

*See Instructions on Reverse Side

FARMINGTON DISTRICT