

Form 9-331  
(May 1963)UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE\*  
(Other instructions on reverse side)Form approved.  
Budget Bureau No. 42-R1424.

## 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 "APPLICATION FOR PERMIT—" for such proposals.)

|  |  |   |
|--|--|---|
| 1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER  |  | 5. LEASE DESIGNATION AND SERIAL NO.<br>NM 11580                   |
| 2. NAME OF OPERATOR<br>Dugan Production Corp.  |  | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME                              |
| 3. ADDRESS OF OPERATOR<br>P. O. Box 234, Farmington, NM 87401  |  | 7. UNIT AGREEMENT NAME  |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*<br>See also space 17 below.)<br>At surface<br>990' FSL - 990' FEL |  | 8. FARM OR LEASE NAME<br>KR                                       |
| 14. PERMIT NO.   |  | 9. WELL NO.<br>5  |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.)<br>6114' GR   |  | 10. FIELD AND POOL, OR WILDCAT<br>WAW Pictured Cliffs             |
|  |  | 11. SEC. T. R. M. OR BLK. AND SURVEY OR AREA<br>Sec. 29 T27N R13W |
|  |  | 12. COUNTY OR PARISH<br>San Juan                                  |
|  |  | 13. STATE<br>NM   |

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data.

| NOTICE OF INTENTION TO: |                                     | SUBSEQUENT REPORT OF:   |                          |
|-------------------------|-------------------------------------|---|--------------------------|
| TEST WATER SHUT-OFF     | <input type="checkbox"/>            | WATER SHUT-OFF  | <input type="checkbox"/> |
| FRACTURE TREAT          | <input type="checkbox"/>            | FRACTURE TREATMENT  | <input type="checkbox"/> |
| SHOOT OR ACIDIZE        | <input type="checkbox"/>            | SHOOTING OR ACIDIZING   | <input type="checkbox"/> |
| REPAIR WELL             | <input type="checkbox"/>            | (Other)   | <input type="checkbox"/> |
| (Other)                 | <input type="checkbox"/>            | (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) | <input type="checkbox"/> |
| PULL OR ALTER CASING    | <input type="checkbox"/>            | REPAIRING WELL  | <input type="checkbox"/> |
| MULTIPLE COMPLETE       | <input checked="" type="checkbox"/> | ALTERING CASING   | <input type="checkbox"/> |
| ABANDON*                | <input type="checkbox"/>            | ABANDONMENT*  | <input type="checkbox"/> |
| CHANGE PLANS            | <input type="checkbox"/>            |   |                          |

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.)\*

This well will be plugged and abandoned in the following manner:

1. Spot cement plug from TD to 1235' fifty feet above Fruitland Coal
2. Spot cement plug from 165' to surface.
3. Cut 5-1/2" surface csg off 4' below ground level and fill pits and level location.

Verbal approval obtained 2-24-78 from Mr. P. T. McGrath.

18. I hereby certify that the foregoing is true and correct

SIGNED

Jim L. Jacobs

TITLE

Geologist

DATE

2-24-78

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

~~OPERATOR~~

\*See Instructions on Reverse Side

