Form 9-331

Form Approved

| Dec. 1973 | Budget Bureau No. 42-R1424 |
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| UNITED STATES | 5. LEASE |
| DEPARTMENT OF THE INTERIOR | NM 1336 |
| 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 | 7. UNIT AGREEMENT NAME |
| reservoir. Use Form 9-331-C for such proposals.) | 8. FARM OR LEASE NAME |
| 1. oil gas 🖂 | Thomas Jefferson |
| well well other | 9. WELL NO. |
| 2. NAME OF OPERATOR | #3 |
| Dugan Production Corp. | 10. FIELD OR WILDCAT NAME |
| 3. ADDRESS OF OPERATOR | WAW Fruitland PC |
| 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 | |
| below.) AT SURFACE: 850' FNL - 1850' FWL | Sec 34 T27N R13W 12. COUNTY OR PARISH 13. STATE |
| AT TOP PROD. INTERVAL: | |
| AT TOTAL DEPTH: | San Juan NM - 14. API NO. |
| 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, | |
| REPORT, OR OTHER DATA | 15. ELEVATIONS (SHOW DF, KDB, AND WD) |
| 1 | 6154' GR |
| REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: | W. 100 |
| FRACTURE TREAT | |
| SHOOT OR ACIDIZE | |
| REPAIR WELL | (NOTE: Report results of multiple completion or zone |
| PULL OR ALTER CASING | change on Form 9-330.) |
| MULTIPLE COMPLETE | |
| CHANGE ZONES [] [] ABANDON* [] | |
| other) spud and surface csq | |
| 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state 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 |
| 8-15-79 Moved in and rigged up Morrow Drigged up | Ig. Co. Spudded 7-7/8" hole 1 1 155-1/2" OD 14# ST&L csg. 1 Job complete 12:00 noon Set @ OIL CON. OW. |
| Subsurface Safety Valve: Manu. and Type | Set @ OIL CONT. FR. |
| 18. I hereby certify that the foregoing is true and correct | |
| GIGNED A. WULL TITLE Petroleum Eng | J. DATE - 8-16-79 |
| Thomas A. Dugan (This space for Federal or State offic | |
| PPROVED BY TITLE | DATE |
| CONDITIONS OF APPROVAL, IF ANY: | |
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