Form Approved.

Form 9-331 Dec. 1973

HNITED STATES

ONITED STATES	10. LEASE
DEPARTMENT OF THE INTERIOR	NM 37913
GEOLOGICAL SURVEY	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.)	
reservoir. Use Form 9-331-C for such proposals.)	
1. oil G gas G	La Lee Ann
well well X other	9. WELL NO.
2. NAME OF OPERATOR	#2 25
Dugan Production Corp.	10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR	WAW FR PC
Box 208, Farmington, NM 87401	11. SEC., T., R., M., OR BLK. AND SURVEY OR
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	AREA TOTAL PLOU
below.)	Sec 28 I27N R13W
AT SURFACE: 990' FNL - 1650' FWL	12. COUNTY OR PARISH 13. STATE
AT TOP PROD. INTERVAL: AT TOTAL DEPTH:	San Juan NM
	14. API NO. 23- 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	A TOTAL PROPERTY OF THE PROPER
REPORT, OR OTHER DATA	15 ELEVATIONS (SHOW DF, KDB, AND WD)
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF	1 0000 02 2
FRACTURE TREAT	
SHOOT OR ACIDIZE	
	(NOTE: Report results of multiple completion or zone
REPAIR WELL PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES	change on Form 9-330.)
MULTIPLE COMPLETE	
ABANDON	
(other) Additional Testing	
• ——	
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly statingluding estimated date of starting any proposed work. If well is constitutions of the control o	te all pertinent details, and give pertinent dates, directionally drilled give subsurface locations and
including estimated date or starting any proposed work. If we have measured and true vertical depths for all markers and zones pertine.	nt to this work.)*
measured and the second	
Request permission to conduct additional sw	wabbing and evaluation 5
We feel that this well is capable of produc	cing significant quantitie
of natural gas with more swabbing and test	ing.
	4 7 19 E NOV 2 - 19
	등일 중심력 - 출시 NOV 2 ~ 19
	変数雑念 🚊 🐧 ONL CON. CO
	3 3 1 DIST. 3
	Office NOV 2 - 19 Office ON. CO Office Only of the control of the
	A trace of an area of
·	Set @Ft.
Subsurface Safety Valve: Manu and Type	
18. I hereby certify that the foregoing is true and correct	30 mg 2 mg
2. L. William Petroleum En	gineer
SIGNED TITLE TITLE	DATE
(This space for Federal or State of	ffice use)
Dear White Title Fracting Super	© : ₩ [~ : : : : : : : : : : : : : : : : : :
APPROVED BY	RVISOR DATE
CONDITIONS OF APPROVAL, IF ANY:	
2	
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