Form 9-331 Dec. 1973

UNITED STATES

| | 1 Ollit Tippi oroni | |
|-------|--------------------------|---|
| | Budget Bureau No. 42-R14 | 2 |
| LEASE | | |

| DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY | NM 33044 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 8. FARM OR LEASE NAME |
| reservoir. Use Form 9-331-C for such proposats./ | Baby Doe |
| 1. oil gas well kix other | 9. WELL NO. |
| Well No. | #2 |
| 2. NAME OF OPERATOR | 10. FIELD OR WILDCAT NAME |
| Dugan Production Corp. | WAW FR PC |
| 3. ADDRESS OF OPERATOR | 11. SEC., T., R., M., OR BLK. AND SURVEY OR |
| Box 208, Farmington, NM 87401 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 | AREA |
| below.) 990' FSL - 1550' FEL | Sec 29 T27N R13W |
| AT SURFACE: | 12. COUNTY OR PARISH 13. STATE |
| AT TOP PROD. INTERVAL: | San Juan NM |
| AT TOTAL DEPTH: | 14. API NO. |
| 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, | |
| REPORT, OR OTHER DATA | 15. ELL VATIONS (SHOW DF, KDB, AND WD) |
| REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF | 6113 GL |
| | |
| TEST WATER SHUT-OFF | (NOTE: Report/results of multiple completion or zone A M charge on Form 9–330.) |
| SHOOT OR ACIDIZE | (20) Isk |
| REPAIR WELL | (NOTE: Report/results of multiple completion or zone |
| PULL OR ALTER CASING \[\begin{array}{c} | W. Curuda ou Value 3-2201) |
| MULTIPLE COMPLETE | |
| CHANGE ZONES XX | |
| ABANDON* LI LI (other) | |
| 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly statincluding estimated date of starting any proposed work. If well is different measured and true vertical depths for all markers and zones pertined. Request permission to plug back placing 25 sx cement in 2-7/8" Of for casing and displacing with will 1300'. Then plan to selectively If deemed productive, will comple | Pictured Cliffs Formation by .D., 6.4#, J-55, 8R, EUE tubing iper plug followed by water to perforate Fruitland Formation. |
| , | |
| | |
| | |
| | |
| | |
| | |
| | 사이 하는 원생님 사용의 공항 나는 하다 |
| Subsurface Safety Valve: Manu. and Type | Set @ Ft. |
| No. of the control of | |
| 18. I hereby gestify that the foregoing is true and correct Agent | 5-6-82 |
| Sherman 4 Dugan | DATE TO THE PARTY OF THE PARTY |
| (This space for Federal or State of | fice use) APPROVED |
| ARREQUED BY | DATE DATE |
| CONDITIONS OF APPROVAL, IF ANY: | MAY 1 8 198 2 |
| NMOCO | Elliott |
| oh' "NMOCC | DISTRIC! ENGINEER |