## UNITED STATES

| UNITED STATES   | 5. LEASE   |
|---|--|
| DEPARTMENT OF THE INTERIOR  | NM 021116  |
| 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   |
| (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.)  | 8. FARM OR LEASE NAME  |
| 1. oil G gas M  | Redfern  |
| well well other   | 9. WELL NO.<br>#1R   |
| 2. NAME OF OPERATOR   | 10. FIELD OR WILDCAT NAME  |
| DUGAN PRODUCTION CORP.  | Fulcher Kutz P.C.  |
| 3. ADDRESS OF OPERATOR P.O. 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   |
| hataur Y  | Sec 16 T28N R11W   |
| AT SURFACE: 800' FNL - 830' FEL   | 12. COUNTY OR PARISH 13. STATE San Juan NM   |
| AT TOP PROD. INTERVAL:<br>AT TOTAL DEPTH:   | San Juan NM  |
| 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,   | 14. API NO.  |
| REPORT, OR OTHER DATA   | 15. ELEVATIONS (SHOW DF, KDB, AND WD)  |
|   | 5508' GL   |
| REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:  |  |
| TEST WATER SHUT-OFF   |  |
| FRACTURE TREAT  SHOOT OR ACIDIZE  |  |
| REPAIR WELL   | (NOTE: Report results of multiple completion or zone change on Form 9–330.)  |
| PULL OR ALTER CASING  | change on Your 3-330.  |
| CHANGE ZONES  |  |
| ABANDON* (other) Extension of APD   |  |
| (other) Extension of Arb  |  |
| 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly statincluding estimated date of starting any proposed work. If well is a measured and true vertical depths for all markers and zones pertine | TIPE THE BALLY CHILLED. SIVE SUBSURIDED TOCALIONS AND  |
| Request extension of APD due to drillin   | g schedule.  |
|   |  |
| extended to 1/30/83   |  |
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| i v.  | ENERGY TO THE STATE OF THE STAT |
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| *4  | The state of the s |
| Subsurface Safety Valve: Manu. and Type   | Set @ Ft.  |
| 18. I hereby certify that the foregoing is true and correct   |  |
| SIGNED SOME S. MITTLE Landman   | DATE7-1-82   |
| Jerome P. McHugh Jr./ (This space for Federal or State o  | ffice use)   |
|   |  |
| APPROVED BY TITLE CONDITIONS OF APPROVAL, IF ANY:   | DATE   |
| CUMULTIONS OF AFFROYAL, II ANT.   |  |

\*See Instructions on Reverse Side

**NMOCC** 

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