

5 MMS, Fmn  
UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

1 File

1 - Navajo Nation

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 Form 9-331-C for such proposals.)

1. oil ☐ well gas ☒ well other ☐
2. NAME OF OPERATOR  
DUGAN PRODUCTION CORP.
3. ADDRESS OF OPERATOR  
P O Box 208, Farmington, NM 87401
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 1700' FSL - 960' FWL  
AT TOP PROD. INTERVAL:  
AT TOTAL DEPTH:
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

- | REQUEST FOR APPROVAL TO: |                          | SUBSEQUENT REPORT OF: |                          |
|--------------------------|--------------------------|-----------------------|--------------------------|
| TEST WATER SHUT-OFF      | <input type="checkbox"/> |                       | <input type="checkbox"/> |
| FRACTURE TREAT           | <input type="checkbox"/> |                       | <input type="checkbox"/> |
| SHOOT OR ACIDIZE         | <input type="checkbox"/> |                       | <input type="checkbox"/> |
| REPAIR WELL              | <input type="checkbox"/> |                       | <input type="checkbox"/> |
| PULL OR ALTER CASING     | <input type="checkbox"/> |                       | <input type="checkbox"/> |
| MULTIPLE COMPLETE        | <input type="checkbox"/> |                       | <input type="checkbox"/> |
| CHANGE ZONES             | <input type="checkbox"/> |                       | <input type="checkbox"/> |
| ABANDON*                 | <input type="checkbox"/> |                       | <input type="checkbox"/> |
| (other) Change Plans     | <input type="checkbox"/> |                       | <input type="checkbox"/> |

5. LEASE  
14-20-603-2015
6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
Navajo
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME  
Pet Inc
9. WELL NO.  
16
10. FIELD OR WILDCAT NAME  
Ojo Pictured Cliffs
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec 35 T28N R15W
12. COUNTY OR PARISH  
San Juan
13. STATE  
NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)  
5623' GL

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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.)\*

Plan to change casing program as follows:

8-3/4" hole (no change)

5 1/2" O.D., 14# casing instead of 7" O.D., 20#.

Set at 100' (no change) with 22 sx of cement.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED Jim L. Jacobs TITLE Geologist DATE 6-11-82

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

NMOCC

\*See Instructions on Reverse Side

APPROVED

JUN 18 1982

E. Elliott  
DISTRICT ENGINEER