Form 9-331

## UNITED STATES

SUBMIT IN TRIPLICATE.

Form approved.

| (May 1963)   | DEPARTM   | DEPARTMENT OF THE INTERIOR (Other Instructions on reverse side)                                      |  |  |  |  | 5. LEASE DESIGNATION AND SPRIAL NO. |           |  |
|--|---|--|--|--|--|--|-------------------------------------|-----------|--|
| SUNDRY NOTICES AND REPORTS ON WELLS  |   |  |  |  |  | NM 0557112<br>6. if indian, allot:   |                                     | BE NAME   |  |
| SUN<br>(Do not use this  | DRY NOIS<br>form for propose<br>Use "APPLICA"                 | CES AND KI   | epen or plug b<br>"for such p                | ON WELLS  cack to a different reservoir roposals.)   |  |  |                                     |           |  |
| OIL GAS X OTHER RE-ENTRY   |   |  |  |  |  | 7. UNIT AGREEMENT NAME   |                                     |           |  |
| 2. NAME OF OPERATOR  |   |  |  |  |  | 8. FARM OR LEASE NAME  |                                     |           |  |
| Dugan Production Corp.   |   |  |  |  |  | Queen  |                                     |           |  |
| 3. ADDRESS OF OPERATOR   |   |  |  |  |  | 9. WELL NO.  |                                     |           |  |
| Box 234, Farmington, NM 87401  |   |  |  |  |  | 1  |                                     |           |  |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.  See also space 17 below.) |   |  |  |  |  | 10. FIELD AND POOL, OR WILDCAT   |                                     |           |  |
| At surface<br>1980' FSL - 1980' FEL  |   |  |  |  |  | Wildcat 11. SEC., T., R., M., OR BLK. AND  |                                     |           |  |
| 1500 151 1500 121  |   |  |  |  |  | SURVEY OR AREA   |                                     |           |  |
|  |   |  |  |  |  | Sec. 11.5  | r30N. 1                             | R14W      |  |
| 14. PERMIT NO.   |   | 15. ELEVATIONS (Show whether DF, RT, GR, etc.)   |  |  |  | Sec. 11, T3ON, R14W 12. COUNTY OR PARISH 13. STATE                                     |                                     |           |  |
|  |   |  | 6036' G                                      | R  | ļ  | San Juan   |                                     | NM        |  |
|  |   | . D. T   |  |  | O  | har Dete   |                                     |           |  |
| 16. Check Appropriate Box To Indicate Nature of Notice, Report, or C   |   |  |  |  |  | UENT REPORT OF:  |                                     |           |  |
|  | NOTICE OF INTENT  | non to:  |  |  | SOBSEQUE:  | NT REPORT OF:  |                                     |           |  |
| TEST WATER SHUT-0  | P P   | CLL OR ALTER CASI  | NG   | WATER SHUT-OFF   | []   | REPAIRING  | i                                   |           |  |
| FRACTURE TREAT   | <del></del>   | ULTIPLE COMPLETE   |  | FRACTURE TREATME!  |  | ALTERING   |                                     |           |  |
| SHOOT OR ACIDIZE   | <del></del>   | BANDON*  |  | SHOOTING OR ACIDIZ   | ING  | ABANDON:<br>RE-EN  |                                     | X         |  |
| REPAIR WELL  |   | HANGE PLANS  |  | (Note: Report  | results o  | f multiple completion<br>ion Report and Log  | n on Well                           |           |  |
| (Other)  | R COMPLETED OPE   | RATIONS (Clearly Sta   | nte all pertinen                             | t details, and give pertiner<br>tions and measured and tru   | et dates, in   | ncluding estimated o   | ate of sta                          | rting any |  |
| log and performan 58 jts 2- 6-21-75 Swabbed well Ran one jt the Acidized performation 3 bbls/min at                    | 2-1/2 hrs. og to PBTD s with 500 at one bbl 750 psi. 250 psi. | one shot/f nd rigged u  150-200' 1856'. Rig gal 15% HC /min at 750 12 ball se No ball ac Left closed | fluid stiged up Dollars in tion. In in 30 mi | ernational ran gam glass jet) 176 abbed well 3 hrs. ill in hole, no expect and circulated in formation acid. Pumped 15 mmediate closed inutes. Rigged in | evidence<br>ated he<br>bbls,<br>ck to !<br>bbls<br>in pres | ce of gas or ole with cle /min at 900 500 psi when wtr behind ssure 400 ps swabbed wel | wtr e ar wtr psi. acid acid a       | ntry t    |  |
| 18. I hereby certify tha   | M. Jacob  | Such_  | TITLE  | CON. COM. DIST. 3 Geologist  | JU'  | EOLOGICAL SURVE  | y-2-75                              |           |  |
| (This space for Fed  | eral or State offic   | ce use)  |  |  |  |  |                                     |           |  |
| APPROVED BY  | PPROVAL, IF A   | NY:  | TITLE  |  | <del></del>  | DATE   |                                     |           |  |