

Form 9-331  
(May 1963)

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE\*  
(Other instructions on re-  
verse side)

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 "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	5. LEASE DESIGNATION AND SERIAL NO. 14-20-603-2001
2. NAME OF OPERATOR Thomas A. Dugan	6. IF INDIAN, ALLOTTEE OR TRIBE NAME None
3. ADDRESS OF OPERATOR Box 234, Farmington New Mexico 87401	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1620' FNL, 1650' FWL	8. FARM OR LEASE NAME Foght
14. PERMIT NO.	9. WELL NO. 1
15. ELEVATIONS (Show whether DF, RT, CR, etc.) 5204' Hs	10. FIELD AND POOL, OR WILDCAT Wildcat
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 17-30-1-100 N.M.N.
	12. COUNTY OR PARISH San Juan
	13. STATE New Mexico

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/>	

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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 abandon well in following

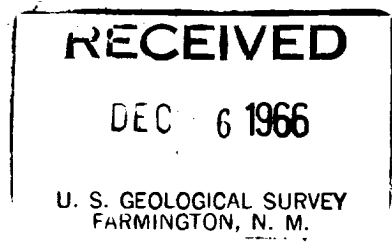
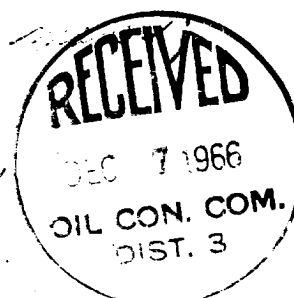
spot 11 cu.ft. cement. 1525' to 1435'

spot 11 cu.ft. cement 960' to 850'

spot 2 cu.ft. cement in surface 800'

Erect dry hole sign

Verbal approval obtained 9-23-66



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

SIGNED Thomas A. Dugan TITLE Engineer DATE 12-5-66

(This space for Federal or State office use)

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

\*See Instructions on Reverse Side