(other)

5 BLM, Fmn

1 File

Form Approved.

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Dec. 1973	Budget Bureau No. 42-K1424			
UNITED STATES	5. LEASE			
DEPARTMENT OF THE INTERIOR	NM 030555-A			
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) (在5 第五章			
reservoir. Use Form 9-331-C for such proposals.)	8. FARM OR LEASE NAME			
1. oil gas yy	Five of Diamonds			
well gas well other	9. WELL NO. 📆 1955 🚊 🕺 1956			
2. NAME OF OPERATOR	<u>4 글리텔된 국 경금운</u>			
DUGAN PRODUCTION CORP.	10. FIELD OR WILDCAT NAME 3 345			
3. ADDRESS OF OPERATOR P O Box 208, Farmington, NM 87499	11. SEC., T., R., M., OR BLK. AND SURVEY OR			
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)	AREA 설명되면 및 설명 경우 문 Sec. 10 T30N R13W를 경우되고			
AT SURFACE: 1850' FNL - 940' FWL	12. COUNTY OR PARISH 13. STATE			

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)	Sec. 10 T30N R13W 등 중심적
AT SURFACE: 1850' FNL - 940' FWL	12. COUNTY OR PARISH 13. STATE
AT TOP PROD. INTERVAL:	San Juan 3888 3 NM 8 33
AT TOTAL DEPTH:	14. API NO. 변화권병 및 송병명한
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	한국병원 등 독립규칙
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD
	_5662' GL 3. 42 8 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	21 60 2006 3 30000
TEST WATER SHUT-OFF	상하는 사람들은 그를 향실었다.
FRACTURE TREAT	(NOTE) Report results of multiple completion or zor change on Form 9–330.)
SHOOT OR ACIDIZE	2 The second of the second
REPAIR WELL	(NOTE: Report results of multiple completion or zor
PULL OR ALTER CASING U	ND GOURE Change on Form 4-330.
MULTIPLE COMPLETE	IREO SERVICE SERVICE SERVICES
CHANGE ZONES \(\begin{array}{cccccccccccccccccccccccccccccccccccc	୍ର ଅନୁକ୍ର
ABANDON* _ DARMIN	그 그 그 그 그 그 그 그를 살아왔다고 싶는 취이 사용하다
(other) Extension of APD	ရမ်းရှိရေးမှ ကြို့ မွေးရွာရှိနှံ

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.)*

Request that APD be extended due to drilling schedules.

extended to 7/6/84

Subsurface Safety Valve: Manu. and Type			The control of the co
18. I hereby certify that the foregoing is t SIGNED Jim L. Jacobs	rue and correct Geologist	DATE J. S	AP PROVED
APPROVED BYCONDITIONS OF APPROVAL IF ANY:	(This space for Federal or State office us	se) DATE	Dec 21 1903 Lang Charles

*See Instructions on Reverse Side

CELLIARER MANAGER FARMINGTON RESOURCE AREA