| 6-USGS (Farmington) Form 9-331 Dec. 1973 | 1-File | Form Approved. |
|------------------------------------------------------------------------------------------------------------------------|------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|
| UNITED S | TATES | Budget Bureau No. 42-R142 |
| DEPARTMENT OF | THE INTERIOR | 5. LEASE 14-20-603-586 |
| GEOLOGICAL | | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME |
| | | Navajo Tribe |
| SUNDRY NOTICES AND (Do not use this form for proposals to drill or reservoir. Use Form 9-331-C for such propositions) | - 4 - 4 | 7. UNIT AGREEMENT NAME |
| 1 oil — gas — | als.) | 8. FARM OR LEASE NAME Horseshoe |
| well well other | | 9. WELL NO. |
| 2. NAME OF OPERATOR | | 3 222 |
| Dugan Production Corp. 3. ADDRESS OF OPERATOR | | 10. FIELD OR WILDCAT NAME Horseshoe Gallup |
| Box 234, Farmington, I 4. LOCATION OF WELL (REPORT LO | NM 87401 CATION CLEARLY. See space 17 | 11. SEC., T., R., M., OR BLK. AND SURVEY O AREA Sec 32 T32N R17W |
| AT SURFACE: 660' FSL - 19 | 980' FEL | 12. COUNTY OR PARISH 13. STATE |
| AT TOTAL DEPTH: 16. CHECK APPROPRIATE BOX TO I | | San Juan NM 14. API NO. |
| REPORT, OR OTHER DATA | ADICATE NATURE OF NOTICE, | 15. ELEVATIONS (SHOW DF, KDB, AND WD |
| REQUEST FOR APPROVAL TO: | SUBSEQUENT REPORT OF: | 5355' GR |
| TEST WATER SHUT-OFF | | |
| FRACTURE TREAT SHOOT OR ACIDIZE | | |
| REPAIR WELL | \vdash | |
| PULL OR ALTER CASING | j | (NOTE: Report results of multiple completion or zon change on Form 9–330.) |
| MULTIPLE COMPLETE | | |
| ABANDON* | _ H | |
| other) request extension of | Permit to Drill | |
| measured and true vertical depths | or all markers and zones pertinent | all pertinent details, and give pertinent dates rectionally drilled, give subsurface locations and to this work.)* On of the Permit to Drill |
| | WE STANDAN | SURVE (0/1 COM 2 1979) |
| Subsurface Safety Valve: Many . and Type | | Set @ Ft. |
| 18. I hereby certify that the foregoing is t | rue and correct | |
| / 1 / 1/ // // | | |
| SIGNED | TITLE <u>President</u> | DATE7-6-79 |
| Momas A. Dugar | (This space for Federal or State office | l use) |
| PPROVED BY ONDITIONS OF APPROVAL, IF ANY: | | |