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Form Approved
Budget Bureau No. 42-R1424

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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.)
880' FNL - 800' FEL
AT SURFACE:
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

- TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) ☐

SUBSEQUENT REPORT OF:

- ☐
☐
☐
☐
☐
☐
☐
☐
☒ XX Spud & surface casing

(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.)*

10-31-81 Moved in and rigged up Morrow Drlg. Co. Spudded 8-3/4" hole at 12:00 noon 10-31-81. Drilled to 95' Lost circ. Mixed pit of mud and LCM. Did not regain circ. Pulled out of hole. Dump 30 sx cement down hole to plug lost circulation zone.

11-1-81 Mixed pit of mud and LCM. Regained circulation. Drilled 8-3/4" hole to 163'.

Ran 5 jts. 7" OD, 20#, 8 Rd, ST&C csg. T.E. 160' set at 161' GL.

Cemented w/ 60 sx class "B" neat. Good circulation throughout. Cement circ. to surface. P.O.B. at 8:00 p.m. 11-1-81. W.O.C. S.D.O.N.

Subsurface Safety Valve: Manu. and Type

Set @ Ft.

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

SIGNED Thomas A. Dugan TITLE Petroleum Engineer DATE 11-2-81

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY.

