

UNITED STATES 1 File
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 87499
-
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1840' FNL - 680' FWL
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	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>
(other)	

SUBSEQUENT REPORT (OF:

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

REC'D

0079

BUREAU OF THE ARMY

FARMER

XX TD & PBTD

RECEIVED

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

5. LEASE
NM 18949
-
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
-
7. UNIT AGREEMENT NAME
-
8. FARM OR LEASE NAME
Celsius
-
9. WELL NO.
2
-
10. FIELD OR WILDCAT NAME
Counselors Gallup Assoc. O&G
-
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 14, T23N R6W
-
- | | |
|------------------------------------|-----------------|
| 12. COUNTY OR PARISH
Rio Arriba | 13. STATE
NM |
|------------------------------------|-----------------|
-
14. API NO.
-
15. ELEVATIONS (SHOW DF, KDB, AND WD)
6910' GL ; 6922' RKB

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.)*

9-22-83 TD = 5668' RKB

PBTD = 5638' RKB

RECEIVED

On

DIS

Set @

Ft.

Subsurface Safety Valve: Manu. and Type

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

SIGNED

TITLE Geologist

DATE 10-19-83

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE _____

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

OCT 28 1983

FARMINGTON RESOURCE AREA

BY

*See Instructions on Reverse Side