

6 USGS, Fmn

1 So. Union Expl.

1 McHugh

1 File

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Form 9-331
Dec. 1973Form Approved.
Budget Bureau No. 42-R1424UNITED 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.)
AT SURFACE: 790' FSL - 790' FEL
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 2-7/8" csg. & cement

(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 data, 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.)*

11-6-81 Ran logs by Southwest Surveys. T.I.H. and circulated bottoms up. Laid down drill pipe. Ran 98 jts. 2-7/8" OD, 6.4#, 10 Rd, NEUE tbg. T.E. 2858' set at 2858' GL. Cemented w/ 100 sx 2% Todense w/ 1/4# cello flake per sk followed by 75 sx class "B" w/ 1/4# cello flake per sk. Total cement slurry 295 cu.ft. Good mud returns while cementing. Maximum cementing pressure 600 psi. Bumped plug w/ 1200 psi. Left well SI one hr. Set 2-7/8" slips. Released rig at 6:30 a.m. 11-6-81. Estimated cement top 1000'.

Subsurface Safety Valve: Manu. and Type

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

SIGNED: Thomas A. Dugan TITLE Petroleum Engineer DATE 11-6-81

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

NMOCC

