

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 - 1610' 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:

☒ Spud

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.)*

Moved in and rigged up Morrow Drlg. Co. rig. Spudded 8-3/4" hole at 9:30 a.m. 1-29-81. Drilled to 83'. Ran 2 jts 7:00, 23#, 8 Rd ST&C csg. T.E. 82' set at 83' GL. Cemented w/ 35 sx class "B". Good cement to surface. P.O.B. at 12:15 p.m. 1-29-81. WOC.

5. LEASE

NM 16760

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Christmas Season

9. WELL NO.

#1

10. FIELD OR WILDCAT NAME

Chacra

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec 18 T24N R9W

12. COUNTY OR PARISH

San Juan

13. STATE

NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
6660 GR

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

Subsurface Safety Valve: Manu. and Type _____ Set @ _____

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

SIGNED Jim L. Jacobs TITLE Geologist DATE 1-30-81

(This space for Federal or State office use)

APPROVED BY Jim L. Jacobs TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:BY BW 1-30-81