

6 - BLM

1 - Billie Robinson

1 - File

1 - L C Roark

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 ☐ gas ☐ well ☐ other ☐ Dry Hole2. 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:

SUBSEQUENT REPORT OF:

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

(other) Ready for BLM Inspection

5. LEASE

NM 13049

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 100 Fr.

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

Sec 18 T23N 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.)

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.)*

The Christmas Season #1 was plugged as per BLM Stipulation, reported on Sundry Notice dated 6-25-84. The surface rehabilitation requirements necessary for permanent abandonment have been accomplished as required by BLM letter 3100 (016) dated 4-12-84. The location is now ready for BLM inspection.

RECEIVED
SEP 19 1984OIL CON. DIV
DIST. Set @ _____ Ft.

Subsurface Safety Valve: Manu. and Type _____

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

SIGNED Sherman E. Dugan TITLE Geologist DATE 9-10-84

Sherman E. Dugan

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

ACCEPTED FOR RECORD
SEP 17 1984
FARMINGTON RESOURCE AREA
BY E. J. J.