

dugan production corp.

DUGAN PRODUCTION CORP.

Eureka #1

1780' FSL - 1670' FWL

Sec 6 T24N R1W

Rio Arriba County, NM

REMEDIAL WORK

- 6-17-81 Move in and rig up MTK single pole pulling unit. P.O.O.H. w/ 1½" tbg. Rig up completion valve.
- 6-18-81 Rig Jetronics. Ran CCL-GR from 2600' to 2100'. Went in hole w/ string shot. Didn't fire. Cable head wet. 2nd run - didn't fire; hole in primer cord. Left 6 glass shots in hole. 3rd run - couldn't get below 1400'. Ran sinker and jars on sand line. Pushed junk to bottom. 4th run - didn't fire. 5th run - perforated Nacimiento 2438-46 w/ 10 shots. Rig down Jetronics. Go in hole w/ Baker model "B" packer. Set packer in tension at 2458 GL.
- Ran 76 jts. 1½" OD, 2.4#, V-55, 10 Rd, EUE tbg. Bottom joint is perforated above packer w/ packer bull plugged. T.E. 2460.90' set at 2458' GL. Nipple up wellhead. Shut in.
- 6-19-81. Swab well in. Blew to atmosphere 2 hrs. Making estimated 200 MCF. Shut in for test. Rig down MTK.

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.)

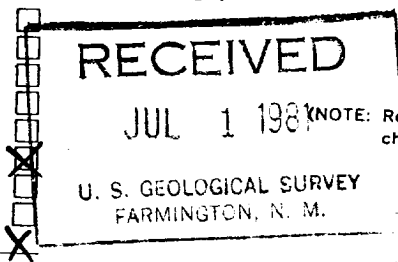
1. oil well ☐ gas well ☒ other ☐
2. NAME OF OPERATOR
Dugan Production Corp.
3. ADDRESS OF OPERATOR
P O Box 208, Farmington, NM 87401
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1780' FSL - 1670' FWL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

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

(other) Recompletion

SUBSEQUENT REPORT OF:



5. LEASE
NM 23024
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Eureka
9. WELL NO.
#1
10. FIELD OR WILDCAT NAME
Undesignated Nacimiento
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 6 T24N R1W
12. COUNTY OR PARISH
Rio Arriba
13. STATE
NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
7463' GL

(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.)

See reverse for report of recompletion.



Subsurface Safety Valve: Manu. and Type _____

Set @ _____ Ft.

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

SIGNED Jim L. Jacobs TITLE Geologist DATE 6-25-81

ACCEPTED FOR RECORD

(This space for Federal or State office use)

JUL 17 1981

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE _____

NMOCU

BY RB