

**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
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) ☐

SUBSEQUENT REPORT OF:

- ☐
☐
☐
☐
☐
☐
☐
☐
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☐

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
Gavilan Pictured Cliffs
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.)*

Plan to move in pulling unit. Pull 1-1/4" tbg. perf 2438-46 test Nacimiento Formation. If productive, run 1-1/4" tbg. with packer and dual complete well in Pictured Cliffs and Nacimiento Formations. If not productive, plan to squeeze upper perms and single complete well in Pictured Cliffs.



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

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

SIGNED Tom Dugan TITLE Petroleum Eng. DATE 6-12-81

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE APPROVED
CONDITIONS OF APPROVAL, IF ANY:

NMOCC

*See Instructions on Reverse Side

JUN 28 1981
for JAMES F. SIMS
DISTRICT OIL & GAS SUPERVISOR