

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE\*

(See other instructions on reverse side)

Form approved.  
Budget Bureau No. 42-R355.5.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG \*

|                                                                                                                                                                                                          |                                         |                                                              |                                       |                                                            |                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------|---------------------------------------|------------------------------------------------------------|----------------------------------------------|
| 1a. TYPE OF WELL:                                                                                                                                                                                        |                                         | OIL WELL <input type="checkbox"/>                            | GAS WELL <input type="checkbox"/>     | DRY <input type="checkbox"/>                               | Other <u>P &amp; A</u>                       |
| 1b. TYPE OF COMPLETION:                                                                                                                                                                                  |                                         | NEW WELL <input type="checkbox"/>                            | WORK OVER <input type="checkbox"/>    | DEEP-EN <input type="checkbox"/>                           | PLUG BACK <input type="checkbox"/>           |
|                                                                                                                                                                                                          |                                         |                                                              | DIFF. RESVR. <input type="checkbox"/> | Other <u>P &amp; A</u>                                     |                                              |
| 2. NAME OF OPERATOR<br><u>Dugan Production Corp.</u>                                                                                                                                                     |                                         |                                                              |                                       |                                                            |                                              |
| 3. ADDRESS OF OPERATOR<br><u>Box 234, Farmington, NM 87401</u>                                                                                                                                           |                                         |                                                              |                                       |                                                            |                                              |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*<br>At surface <u>1160' FSL - 950' FEL</u><br><br>At top prod. interval reported below<br><br>At total depth |                                         |                                                              |                                       |                                                            |                                              |
| 14. PERMIT NO.                                                                                                                                                                                           |                                         |                                                              | DATE ISSUED                           |                                                            |                                              |
| 5. LEASE DESIGNATION AND SERIAL NO.<br><u>NM 8909</u>                                                                                                                                                    |                                         | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME                         |                                       |                                                            |                                              |
| 7. UNIT AGREEMENT NAME                                                                                                                                                                                   |                                         |                                                              |                                       |                                                            |                                              |
| 8. FARM OR LEASE NAME<br><u>Gee, I</u>                                                                                                                                                                   |                                         |                                                              |                                       |                                                            |                                              |
| 9. WELL NO.<br><u>#2</u>                                                                                                                                                                                 |                                         |                                                              |                                       |                                                            |                                              |
| 10. FIELD AND POOL, OR WILDCAT<br><u>Wildcat</u>                                                                                                                                                         |                                         |                                                              |                                       |                                                            |                                              |
| 11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA<br><u>Sec 3 T24N R9W</u>                                                                                                                               |                                         |                                                              |                                       |                                                            |                                              |
| 12. COUNTY OR PARISH<br><u>San Juan</u>                                                                                                                                                                  |                                         |                                                              | 13. STATE<br><u>NM</u>                |                                                            |                                              |
| 15. DATE SPUNDED<br><u>10-27-76</u>                                                                                                                                                                      | 16. DATE T.D. REACHED<br><u>11-4-76</u> | 17. DATE COMPL. (Ready to prod.)<br><u>P &amp; A 6-15-79</u> |                                       | 18. ELEVATIONS (DF, RES, RT, GR, ETC.)*<br><u>6588' GR</u> |                                              |
| 19. ELEV. CASINGHEAD                                                                                                                                                                                     |                                         |                                                              |                                       |                                                            |                                              |
| 20. TOTAL DEPTH, MD & TVD<br><u>1790'</u>                                                                                                                                                                | 21. PLUG, BACK T.D., MD & TVD           | 22. IF MULTIPLE COMPL., HOW MANY*<br><u>Single -gas</u>      |                                       | 23. INTERVALS DRILLED BY<br><u>Q-TD</u>                    | ROTARY TOOLS<br><u>Q-TD</u>                  |
| 24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*<br><u>1665½-1668'</u>                                                                                                      |                                         |                                                              |                                       |                                                            | 25. WAS DIRECTIONAL SURVEY MADE<br><u>No</u> |
| 26. TYPE ELECTRIC AND OTHER LOGS RUN                                                                                                                                                                     |                                         |                                                              |                                       |                                                            | 27. WAS WELL CORRED<br><u>No</u>             |

| 28. CASING RECORD (Report all strings set in well) |                 |                  |               |                  |               |
|----------------------------------------------------|-----------------|------------------|---------------|------------------|---------------|
| CASING SIZE                                        | WEIGHT, LB./FT. | DEPTH SET (MD)   | HOLE SIZE     | CEMENTING RECORD | AMOUNT PULLED |
| <u>7"</u>                                          | <u>20#</u>      | <u>67' RKB</u>   | <u>8-3/4"</u> | <u>35 sx</u>     | <u>-----</u>  |
| <u>2-7/8"</u>                                      | <u>6.5#</u>     | <u>1782' RKB</u> | <u>5"</u>     | <u>115 sx</u>    | <u>-----</u>  |
|                                                    |                 |                  |               |                  |               |

| 29. LINER RECORD |          |             |               |             | 30. TUBING RECORD |                |                 |
|------------------|----------|-------------|---------------|-------------|-------------------|----------------|-----------------|
| SIZE             | TOP (MD) | BOTTOM (MD) | SACKS CEMENT* | SCREEN (MD) | SIZE              | DEPTH SET (MD) | PACKER SET (MD) |
|                  |          |             |               |             |                   |                |                 |
|                  |          |             |               |             |                   |                |                 |

|                                                                            |  |                                                |                                  |
|----------------------------------------------------------------------------|--|------------------------------------------------|----------------------------------|
| 31. PERFORATION RECORD (Interval, size and number)<br><u>1665½ - 1668'</u> |  | 32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC. |                                  |
|                                                                            |  | DEPTH INTERVAL (MD)                            | AMOUNT AND KIND OF MATERIAL USED |
|                                                                            |  |                                                | <u>See Sundry Notice 5-23-79</u> |
|                                                                            |  |                                                |                                  |
|                                                                            |  |                                                |                                  |

| 33.* PRODUCTION                                            |                 |                                                                                                  |                         |          |            |                                                        |               |
|------------------------------------------------------------|-----------------|--------------------------------------------------------------------------------------------------|-------------------------|----------|------------|--------------------------------------------------------|---------------|
| DATE FIRST PRODUCTION                                      |                 | PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)<br><u>P &amp; A 6-15-79</u> |                         |          |            | WELL STATUS (Producing or shut-in)<br><u>P &amp; A</u> |               |
| DATE OF TEST                                               | HOURS TESTED    | CHOKER SIZE                                                                                      | PROD'N. FOR TEST PERIOD | OIL—BSL. | GAS—MCF.   | WATER—BSL.                                             | GAS-OIL RATIO |
|                                                            |                 |                                                                                                  |                         |          |            |                                                        |               |
| FLOW. TUBING PRESS.                                        | CASING PRESSURE | CALCULATED 24-HOUR RATE                                                                          | OIL—BSL.                | GAS—MCF. | WATER—BSL. | OIL GRAVITY-API (CORR.)                                |               |
|                                                            |                 |                                                                                                  |                         |          |            |                                                        |               |
| 34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) |                 |                                                                                                  |                         |          |            | TEST WITNESSED BY                                      |               |
|                                                            |                 |                                                                                                  |                         |          |            |                                                        |               |

|                                                                                                                                   |       |      |
|-----------------------------------------------------------------------------------------------------------------------------------|-------|------|
| 35. LIST OF ATTACHMENTS                                                                                                           |       |      |
|                                                                                                                                   |       |      |
| 36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records |       |      |
| SIGNED <u>J. A. Dugan</u>                                                                                                         | TITLE | DATE |

\*(See Instructions and Spaces for Additional Data on Reverse Side)

**General:** This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal office. See instructions on items 22 and 24, and 33, below regarding separate reports for separate completions.

For each additional interval to be separately produced, showing the additional data pertinent to such interval.

**Item 29: "Secks Cement":** Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool.

**Item 33:** Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

**Item 4:** If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

**Item 18:** Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments.

**Items 22 and 24:** If this well is completed for separate production from more than one interval zone (multiple completion), so state in item 22, and in item 24 show the producing interval, or intervals, top(s), bottom(s) and name(s) (if any) for only the interval reported in item 33. Submit a separate report (page) on this form, adequately identified, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

| 38. GEOLOGIC MARKERS | NAME            | MEAS. DEPTH | TOP         |                  |
|----------------------|-----------------|-------------|-------------|------------------|
|                      |                 |             | MEAS. DEPTH | TRUE VERT. DEPTH |
|                      | Log. Tops       |             |             |                  |
|                      | Kirtland        | 1057'       |             |                  |
|                      | Fruitland       | 1425'       |             |                  |
|                      | Pictured Cliffs | 1658'       |             |                  |