

5 - USGS

1 - Billie Robinson

1 - File

1 - TR

Form Approved.  
Budget Bureau No. 42-R1424

Form 9-331  
Dec. 1973

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: 790' FNL - 1520' FEL NW/4 NE/4  
AT TOP PROD. INTERVAL:  
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

5. LEASE  
NM 13612

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
Snuffle-upagus

9. WELL NO.  
#1

10. FIELD OR WILDCAT NAME  
Wildcat

11. SEC., T., R., M. OR BLK. AND SURVEY OR AREA  
Sec 23 T24N R12W

12. COUNTY OR PARISH | 13. STATE  
San Juan | NM

14. API NO.

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

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:  Status

RECEIVED  
AUG 27 1981  
U. S. GEOLOGICAL SURVEY  
FARMINGTON, N. M.

RECEIVED  
AUG 31 1981  
OIL CON. COM.  
DIST. 3

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.)\*

Per your request of 8-13-81 - Status of this well  
Intend to foam frac 8-27-81.

AUG 27 1981  
BY [Signature]

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

18. I hereby certify that the foregoing is true and correct  
SIGNED [Signature] Thomas A. Dugan TITLE Petroleum Engineer DATE 8-26-81  
(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

NMOCC