

UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY

(See other instructions on reverse side)

WELL COMPLETION OR RECOMPLETION REPORT AND LOG \*

1a. TYPE OF WELL: OIL WELL [ ] GAS WELL [ ] DRY [X] Other [ ]

b. TYPE OF COMPLETION: NEW WELL [X] WORK OVER [ ] DEEP-EN [ ] PLUG BACK [ ] DIFF. RESVR. [ ] 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 and in accordance with any State requirements)

At surface: 790' FNL - 1520' FEL

At top prod. interval reported below

At total depth

14. PERMIT NO. DATE ISSUED: 4-22-81

5. LEASE DESIGNATION AND SERIAL NO. 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 AND POOL, OR WILDCAT Wildcat

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

Sec 23 T24N R12W

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

15. DATE SPUNDED: 4-30-81 16. DATE T.D. REACHED: 5-6-81 17. DATE COMPL. (Ready to prod.): 2-4-82 P & A Planned 18. ELEVATIONS (DF, RKB, ST, GR, ETC.): 6297' GL 19. ELEV. CASINGHEAD: 6297' GL

20. TOTAL DEPTH, MD & TVD: 1550' 21. PLUG, BACK T.D., MD & TVD: 1100' GL 22. IF MULTIPLE COMPL., HOW MANY?: NA 23. INTERVALS DRILLED BY: TD

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)\*: NA 25. WAS DIRECTIONAL SURVEY MADE: NO

26. TYPE ELECTRIC AND OTHER LOGS RUN: I.E.S. density and neutron; GR-CCL-Neutron 27. WAS WELL CORED: NO

Table with 4 columns: CASING SIZE, WEIGHT, LB./FT., DEPTH SET (MD), HOLE SIZE. Includes rows for 7" and 2-7/8" casing.

Table with 4 columns: SIZE, TOP (MD), BOTTOM (MD), SACKS CEMENT\*. Includes a row for 'None'.

Table with 2 columns: PERFORATION RECORD (Interval, size and number) and ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC. Includes rows for 814-834, 1176-80', 1314-21', and 1212-16'.

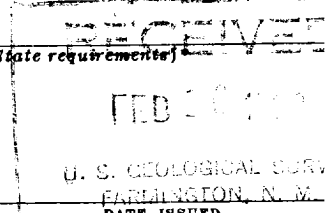
Table with 8 columns: DATE FIRST PRODUCTION, PRODUCTION METHOD, WELL STATUS, DATE OF TEST, HOURS TESTED, CHOKER SIZE, PROD'N. FOR TEST PERIOD, OIL-BBL., GAS-MCF., WATER-BBL., GAS-OIL RATIO.

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: Thomas A. Dugan, TITLE: Petroleum Engineer, DATE: 2-11-82

\*(See instructions and spaces for Additional Data on Reverse Side)



ACCEPTED FOR RECORD MAR 01 1982

Signature: Elliott

# INSTRUCTIONS

**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, or both, 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 and/or State office. See instructions on items 22 and 24, and 33, below regarding separate reports for separate completions.

If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, all types electric, etc.), formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see item 35.

**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.

**Item 29:** "Sacks 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.)

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH	TRUE VERT. DEPTH
				Kirtland Fruitland Pictured Cliff Lewis Chacra	Surface 521' 813' 934' 1160'	

**37. SUMMARY OF POROUS ZONES:**  
SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES

**38. GEOLOGIC MARKERS**