

5 BLM, Fmn 1 SoUnEx 1 File

Form Approved.
Budget Bureau No. 42-R1424

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 87499

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 1830' FSL - 880' 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:

☐
☐
☐
☐
☐
☐
☐
☐

XX Spud and surface casing

RECEIVED

MAR 23 1984

(NOTE: Report results of multiple completion or zone change, etc., on Form 9-330.)

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

5. LEASE

NM 24661

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

July Jubilee

9. WELL NO.

3

10. FIELD OR WILDCAT NAME

Basin Dakota

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

Sec. 29, T24N, R9W

12. COUNTY OR PARISH 13. STATE

San Juan

NM

14. API NO.

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

6905' GL; 6917' RKB

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.)*

3-21-84 MI & RU Four Corners Drilling Company rig #5. Spudded 12 1/4" hole at 11:30 a.m. 3-20-84. Drilled to 210'. Ran 7 jts. 8-5/8" OD, 24#, 8 Rd, ST&C casing. T.E. 194' set at 206' RKB. Cemented with 135 sx class "B" plus 2% CaCl₂ (159 cf). P.O.B. at 3:15 p.m. 3-20-84. Circulated 2 bbls. cement. Pressure tested surface casing and cement to 500 psi for 30 minutes - held OK.

RECEIVED

MAR 28 1984

OIL CON. DIV.

DIST. 3

Set @ _____ Ft.

Subsurface Safety Valve: Manu. and Type _____

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

SIGNED _____ TITLE Geologist

DATE 3-22-84

Jim L. Jacobs

(This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

MAR 27 1984

NMOCC

FARMINGTON RESOURCE AREA

BY

Smw