

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Form Approved
Budget Bureau No. 42-R1424

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 ☐ gas ☒ other ☐
2. NAME OF OPERATOR
Dugan Production Corp.
3. ADDRESS OF OPERATOR
Box 234, Farmington, NM 87401
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1850' FNL - 1190' FEL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF ☐ ☐
FRACTURE TREAT ☐ ☐
SHOOT OR ACIDIZE ☐ ☐
REPAIR WELL ☐ ☐
PULL OR ALTER CASING ☐ ☐
MULTIPLE COMPLETE ☐ ☐
CHANGE ZONES ☐ ☐
ABANDON* ☐ ☐
(other) PERF + ACIDIZE

5. LEASE
NM 16759
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Abigail Adams
9. WELL NO.
10. FIELD OR WILDCAT NAME
Undesignated PC
11. SEC., T., R., M. OR BLK. AND SURVEY OR AREA
Sec 31 T25N R9W
12. COUNTY OR PARISH
San Juan
13. STATE
NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB AND WD)
6779 GR

(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.)*

- 10-5-76 Moved in and rigged up Farmington Well Service swabbing unit. Blue Jet ran gamma-ray correlation log. Swabbed csg down to 1500'. Blue Jet perforated with one 2-1/8" glass jet/ft (14 holes) 1892-1906'. Swabbed csg down, no indication of gas or fluid entry. Rigged down and moved off.
- 11-20-76 Treated perms w/250 gals HCl acid. Breakdown pressure 1700 psi, treated @ 700 psi @ 1-1/2 bbls per min. Followed acid w/20 bbls wtr, treated fluid with 1-1/4 gals Tretolite liquid soap. Left shut-in approx 1-1/2 hrs. Swabbed back wtr and acid wtr. Show of gas with indication of wtr entry. Shut well in.

Subsurface Safety Valve: Manu. and Type _____

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

SIGNED Thomas A. Dugan TITLE Petroleum Engineer DATE 12-23-79

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

RECEIVED

*See Instructions on Reverse Side

U.S. GEOLOGICAL SURVEY
FARMINGTON, N.M.