

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 25443

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Red Mac

9. WELL NO.

2R

10. FIELD AND POOL, OR WILDCAT

WAW Pictured Cliffs

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

Sec 3 T25N R12W

12. COUNTY OR PARISH 13. STATE

San Juan

NM

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 and in accordance with any State requirements.)
See also space 17 below.)

At surface

910' FNL - 910' FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

6221' GR

16.

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREAT

MULTIPLE COMPLETE

FRACTURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON*

SHOOTING OR ACIDIZING

ABANDONMENT*

REPAIR WELL

CHANGE PLANS

(Other) perf

(Other)

(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

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.)*

8-06-79

Moved in FWS swabbing unit. Blue Jet rigged up and ran Gamma Ray correlation and collar log. Swabbed 2-7/8" csg down to 900'. Perf w/2 2-1/8" glass jets per foot (10 holes) 1154-1159'. Swabbed well down. No indication of fluid entry w/very slight show gas.

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

SIGNED

Jim L. Jacobs

TITLE Geologist

DATE

8-13-79

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPPLICATE*
(Other instructions on reverse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 25443

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Red Mac

9. WELL NO.

2R

10. FIELD AND POOL, OR WILDCAT

WAW Pictured Cliffs

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

Sec 3 T25N R12W

12. COUNTY OR PARISH 13. STATE

San Juan

NM

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 "APPLICATION FOR PERMIT—" for such proposals.)1. OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

Dugan Production Corp.

3. ADDRESS OF OPERATOR

Box 234, Farmington, NM 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface

910' FNL - 910' FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

6221' GR

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

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.)*

8-07-79

Allied Servies acidized perfs 1154-1159 w/250 gals 15% HCl regular acid. BD pressure 2000 psi. Treated @ 400 psi @ 2-1/2 B/M. Flushed acid w/8 bbls wtr. Well on vacuum in two minutes.

8-09-79

Foam fraced perfs 1153-1158 w/70 quality foam by Western Co and Nowasco. Used 74 bbls wtr 15,000# 10-20 sand, 17 gals adafoam and 98,200 SCF Nitrogen. Initial TP 3000 psi. Ave TP 1600 psi. Min TP 1600 psi. Ave IR 4/5 B/M fluid. 15 B/M overall. ISDP 1000 psi 10 min stdg press 950 psi. Left well SI 3 hours. Opened to atmosphere through 5/8" positive choke. Checked well after 2 hrs. Making estimated 500 MCF gas plus heavy spray of water. Left open to atmosphere.

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

SIGNED

Jim L. Jacobs

TITLE Geologist

DATE

8-13-79

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

Lynnoce