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
Box 234, Farmington, NM 87401

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)   990' FNL - 1650' FEL
AT SURFACE:
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

5. LEASE
SF 078056

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
PT

9. WELL NO.
#1

10. FIELD OR WILDCAT NAME
Undesignated PC

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 7 T25N R12W

12. COUNTY OR PARISH
San Juan

13. STATE
NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
6248'

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

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

	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)		

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.)*

With humble apologies we have to say,

We are extremely sorry for the delay;

And we promise to have the well plugged in May!

RECEIVED
MAY 15 1979
OIL CON. COMM.
DIST. 3

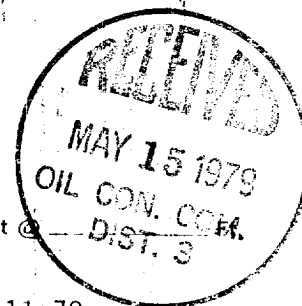Subsurface Safety Valve: Manu. and Type ____   Set @ ____

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

SIGNED _Thomas A. Dugan_   TITLE _Petroleum Engineer_   DATE _5-11-79_

(This space for Federal or State office use)

APPROVED BY ____   TITLE ____   DATE ____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

NMOCC