

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE  
(Other instructions on reverse side)

Form approved,  
Bureau No. 42-01424.

LEASE DESIGNATION AND SERIAL NO.

SF 078897

IF INDIAN, ALLOTTEE OR TRIBE NAME

UNIT AGREEMENT NAME

FARM OR LEASE NAME

Western Federal

WELL NO.

1

FIELD AND POOL, OR WILDCAT

Wildcat

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

Sec 18, T26N R11W

COUNTY OR PARISH

San Juan

STATE

NM

1. OIL WELL ☐ GAS WELL ☐ OTHER ☒ P & A

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

1650' FNL - 990' FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether DE, FW OR, etc.)

6124' KB

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

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PULL OR ALTER CASING

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☐

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

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FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

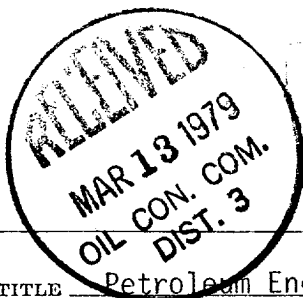
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(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.)\*

Plan to plug and abandon well as follows:

1. Plan to plug perfs 659-674' with 10 sx cement
2. Plan to cut off surface pipe 4' below ground level and plug w/4 sx
3. Plan to fill pits and level location.



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

SIGNED

*Thomas A. Dugan*  
Thomas A. Dugan

TITLE

Petroleum Engineer

DATE

3-9-79

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

77MOCC

*Ok*