

**UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY**

SUBMIT IN DUPLICATE\*

(See other in-  
structions on  
reverse side)Form approved.  
Budget Bureau No. 42-R355.5.**WELL COMPLETION OR RECOMPLETION REPORT AND LOG \***

1a. TYPE OF WELL:		OIL WELL <input type="checkbox"/>	GAS WELL <input checked="" type="checkbox"/>	DRY <input type="checkbox"/>	Other _____
b. TYPE OF COMPLETION:		NEW WELL <input checked="" type="checkbox"/>	WORK OVER <input type="checkbox"/>	DEEP-EN <input type="checkbox"/>	PLUG BACK <input type="checkbox"/>
			DIFF. RESVR. <input type="checkbox"/>	Other _____	
2. NAME OF OPERATOR Dugan Production Corp.					
3. ADDRESS OF OPERATOR P. O. Box 234, Farmington, New Mexico 87401					
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 1800' FSL, 1800' FWL At top prod. interval reported below At total depth					
14. PERMIT NO.			DATE ISSUED		
5. LEASE DESIGNATION AND SERIAL NO. NM 16470		6. IF INDIAN, ALLOTTEE OR TRIBE NAME		7. UNIT AGREEMENT NAME	
8. FARM OR LEASE NAME Bengal A		9. WELL NO. 2		10. FIELD AND POOL, OR WILDCAT South Gallegos - Fr. Ext.	
11. SEC. T., R., M., OR BLOCK AND SURVEY OR AREA Sec. 1, T26N, R12W		12. COUNTY OR PARISH San Juan		13. STATE N.M.	
15. DATE SPUDDED 3-19-73	16. DATE T.D. REACHED 3-25-73	17. DATE COMPL. (Ready to prod.) 4-18-73	18. ELEVATIONS (DF, RES, RT, OR, ETC.)* 5989' GR	19. ELEV. CASINGHEAD	
20. TOTAL DEPTH, MD & TVD 1290'	21. PLUG, BACK T.D., MD & TVD 1275'	22. IF MULTIPLE COMPL., HOW MANY*	23. INTERVALS DRILLED BY →	ROTARY TOOLS 0-1290'	CABLE TOOLS
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 1226-36' Fruitland					25. WAS DIRECTIONAL SURVEY MADE No
26. TYPE ELECTRIC AND OTHER LOGS RUN Gamma Ray Density					27. WAS WELL CORED No
28. CASING RECORD (Report all strings set in well)					
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
5-1/2"	15.5#	65' GR	6-3/4"	10 sacks	None
2-7/8"	6.5#	1287' GR	4-3/4"	75 sacks	None
29. LINER RECORD					
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	
30. TUBING RECORD					
SIZE	DEPTH SET (MD)	PACKER SET (MD)			
1-1/4"	1244' GR				
31. PERFORATION RECORD (Interval, size and number) 1226-36' One Jet/ft					
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC. DEPT. INTERVAL (MD) AMOUNT AND KIND OF MATERIAL USED See completion report for detailed frac information.					
33.*					
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Flowing			WELL STATUS (Producing or shut-in) Shut-in
DATE OF TEST 5-3-73	HOURS TESTED 3	CHOKE SIZE 5/8"	PROD'N. FOR TEST PERIOD →	OIL—BBL. —	GAS—MCF. —
FLOW. TUBING PRESS. 257 SI	CASING PRESSURE 272 SI	CALCULATED 24-HOUR RATE →	OIL—BBL. —	GAS—MCF. 529 AOF	WATER—BBL. —
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)					
35. LIST OF ATTACHMENTS None					
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records Original signed by T. A. Dugan SIGNED Thomas A. Dugan TITLE Engineer DATE 5-22-73					

\*(See Instructions and Spaces for Additional Data on Reverse Side)

**General:** This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal, area, or State office. See instructions on items 22 and 24, and 33, below regarding separate reports for separate completions.

should be listed on this form, see item 35.

**Item 4:** If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

item 18: indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments

item 22 and 24: If this well is completed for separate production from more than one interval zone (multiple completion), so state in item 22 and in item 24

interval, or intervals, top(s), bottom(s) and name(s) (if any) for only the interval reported in Item 33. Submit a separate report (page) on this form, adequately identified, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

**Item 33:** Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES

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