

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

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

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 "APPLICATION FOR PERMIT—" for such proposals.)

<p>1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER</p> <p>2. NAME OF OPERATOR Dugan Production Corp.</p> <p>3. ADDRESS OF OPERATOR Box 234, Farmington, New Mexico 87401</p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1500' FSL - 790' FWL</p>	<p>5. LEASE DESIGNATION AND SERIAL NO. NM 61</p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</p> <p>7. UNIT AGREEMENT NAME</p> <p>8. FARM OR LEASE NAME Rachel</p> <p>9. WELL NO. 1</p> <p>10. FIELD AND POOL, OR WILDCAT WAW Fruitland PC</p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 34 T26N R12W</p> <p>12. COUNTY OR PARISH San Juan</p> <p>13. STATE NM</p>
<p>14. PERMIT NO.</p>	<p>15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6174' GR</p>

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF	
TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>	(Other)	<input checked="" type="checkbox"/>

(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.)*

3-29-79

Western Co. sand water fraced PC formation 1139-1142 and 1145-1151 w/15,600# 10-20 sand and total of 306 bbls wtr treated w/2-1/2# per gal FR-2 friction reducing agent; Initial frac 1500 psi, Max 1600 psi, min. 1400 psi, average 1500 psi, average IR 22 B/M. ISDP 450 psi. 5 min std press 400 psi.



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

SIGNED

Thomas A. Dugan
Thomas A. Dugan

TITLE

Petroleum Engineer

DATE

3-30-79

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

nmcc

*See Instructions on Reverse Side