

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other in-
structions on
reverse side)Form approved.
Budget Bureau No. 42-R355.8.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL:		OIL WELL ☐	GAS WELL ☒	DRY ☐	Other _____
b. TYPE OF COMPLETION:					
NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ 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 regulations) At surface 990' FNL - 990' FWL At top prod. interval reported below At total depth					
14. PERMIT NO.			DATE ISSUED JAN 8 1976		
5. LEASE DESIGNATION AND SERIAL NO. NM 17018					
6. IF INDIAN, ALLOTTEE OR TRIBE NAME					
7. UNIT AGREEMENT NAME					
8. FARM OR LEASE NAME ABO					
9. WELL NO. 1					
10. FIELD AND POOL, OR WILDCAT Undesignated - PC					
11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA Sec 28, T26N, R12W					
12. COUNTY OR PARISH San Juan			13. STATE NM		
15. DATE SPUDDED 10-10-75	16. DATE T.D. REACHED 10-13-75	17. DATE COMPL. (Ready to prod.) 1-5-76	18. ELEVATIONS (DF, RES, RT, GR, ETC.)* 6056' GR	19. ELEV. CASINGHEAD	
20. TOTAL DEPTH, MD & TVD 1175'	21. PLUG, BACK T.D., MD & TVD 1144'	22. IF MULTIPLE COMPL., HOW MANY*	23. INTERVALS DRILLED BY →	ROTARY TOOLS 0-1175'	CABLE TOOLS
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 1079-1082' and 1084-1088' Pictured Cliffs					25. WAS DIRECTIONAL SURVEY MADE No
26. TYPE ELECTRIC AND OTHER LOGS RUN Electrical Log					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"	14#	33'	7-7/8"	5 sx	None
2-7/8"	6.5#	1170'	4-3/4"	75 sx	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"	1088'				
31. PERFORATION RECORD (Interval, size and number) Two jets/ft 1079-1082' and 1084-1088'			32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.		
			DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED	
				See completion report for detailed information	
33.* PRODUCTION					
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Flowing			WELL STATUS (Producing or shut-in) Producing
DATE OF TEST 1-5-76	HOURS TESTED 3	CHOKE SIZE 5/8"	PROD'N. FOR TEST PERIOD →	OIL—BBL. 120 AOF	GAS—MCF. 120 AOF
FLOW. TUBING PRESS. 210 SI	CASING PRESSURE 225 SI	CALCULATED 24-HOUR RATE →	OIL—BBL. 120 AOF	GAS—MCF. 120 AOF	WATER—BBL. 120 AOF
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)					TEST WITH _____
35. LIST OF ATTACHMENTS					
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records					
SIGNED Jim L. Jacobs		TITLE Geologist		DATE 1-6-76	

*(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 and/or State office. See instructions on Items 22 and 24, and 33, below regarding separate reports for separate completions.

For Federal projects, Federal project should be described in accordance with Federal requirements. Consult local State or Federal agency for project description. For State projects, State project should be described in accordance with State requirements. Consult local State or Federal agency for project description. For local projects, local project should be described in accordance with local requirements. Consult local State or Federal agency for project description. For other projects, other project should be described in accordance with other requirements. Consult local State or Federal agency for project description.

item 4: If there are no applicable State requirements, locations on Federal 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.

for each additional interval to be separately produced, showing the additional data pertinent to such interval. Items 22 and 24: If this were completed for separate production from more than one interval zone (multiple completion), so state in Item 24, and in Item 22 show the production interval, or interval(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 29: "Sacks Cement": Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool.

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 AND ADVISORY LOGGING OF A CUSHION, AND CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES
DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES

[illegible]

38. GEOLOGIC MARKERS

NAME	
TOP	
MEAS. DEPTH	TRUE VERT. DEPTH