

Form 9-331
(May 1962)UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT 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.)

1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. NM-61
2. NAME OF OPERATOR Dugan Production Corp.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR Box 234, Farmington, NM 87401		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1060' FNL - 1060' FEL		8. FARM OR LEASE NAME Martha Washington
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6241' GR	9. WELL NO. 1
		10. FIELD AND POOL, OR WILDCAT Nippo PC Extension
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 34, T26N, R12W
		12. COUNTY OR PARISH San Juan
		13. STATE NM

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"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	Completion <input checked="" type="checkbox"/>
(Other) <input 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.)*

12-2-76

Moved in and rigged up Farmington Well Service swabbing unit. Go International ran gamma-ray correlation and collar logs. Swabbed csg down to 800'. Go perforated with one 2-1/8" glass jet/ft (5 holes) 1233-1238'. Swabbed well down, slight show gas with no indication of fluid entry. Perforated with one 2-1/8" glass jet/ft 1224-1228' and 1218-1220' (6 holes). Ran swab, no fluid entry, gas increased to 100-150 MCFGPD.

12-3-76

Moved in and rigged up Farmington Well Service swabbing unit. Treated well down 2-7/8" csg with Allied Services kill truck with 250 gals 15% HCl acid followed by 10 bbls wtr treated with foaming agent. BD pressure 600 psi, treated @ 150 psi @ 2-1/2 BPM. Ran 40 jts 1-1/4" OD 2.4# CW-55 10R EUE Condition "B" tbg with cross pin on btm. Landed tools and nipped up wellhead. TE 1251.15' set @ 1249' GR. Rigged up 1-1/4" swabbing tools and swabbed well in. Well kicked off after 4 runs. Flowed well to atmosphere one hour, making spray wtr and est 300 MCFGPD.

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

SIGNED

Thomas A. Dugan

TITLE

Engineer

DATE 12-10-76

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side