

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 _____				5. LEASE DESIGNATION AND SERIAL NO. NM-61	
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 _____				6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR Dugan Production Corp.				7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR Box 234, Farmington, NM 87401				8. FARM OR LEASE NAME Martha Washington	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 1060' FNL - 1060' FEL At top prod. interval reported below At total depth				9. WELL NO. 1	
14. PERMIT NO. _____ DATE ISSUED _____				10. FIELD AND POOL, OR WILDCAT Nipp PC Extension	
15. DATE SPUDDED 11-15-76 16. DATE T.D. REACHED 11-20-76 17. DATE COMPL. (Ready to prod.) 12-3-76 18. ELEVATIONS (DF, REB, RT, GR, ETC.)* 6241' GR 19. ELEV. CASINGHEAD				11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA Sec 34, T26N, R12W	
20. TOTAL DEPTH, MD & TVD 1353'		21. PLUG, BACK T.D., MD & TVD 1324'		12. COUNTY OR PARISH San Juan 13. STATE NM	
22. IF MULTIPLE COMPL., HOW MANY* _____ 23. INTERVALS DRILLED BY _____ 24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 1218-1238' 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)					
CASINO SIZE		WEIGHT, LB./FT.		DEPTH SET (MD)	
5-1/2"		14#		40' GR	
2-7/8"		6.5#		1348' GR	
HOLE SIZE		CEMENTING RECORD		AMOUNT PULLED	
7-7/8"		6 SX		None	
4-3/4"		100 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"	1249' GR				
31. PERFORATION RECORD (Interval, size and number) One 2-1/8" glass jet/ft 1233-1238', 1224-1228', 1218-1220'.					
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) Shut-in
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—BBL.
12-10-76	3	1/2"	→		
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—BBL.	WATER—BBL.
200 SI	229 SI	→		14740	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)					
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 <u>Thomas A. Dugan</u>		TITLE <u>Engineer</u>		DATE <u>12-27-76</u>	

*(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 38, below regarding separate reports for separate completions.

If not filed prior to the time the summary record is submitted, copies of an currently available logs (runners, geologists, sample and core analysis, all types electric, etc.), formation and pressure tests, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments 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 16: Indicate elevation is used as reference (where not otherwise shown) for depth measurements given in other species on this form and in any attachments.

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.)

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

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