

Form 9-331
(May 1965)

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

SUBMIT IN TRIPPLICATE*
(Other instructions on reverse 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. 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, NM 87401</p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 990' FNL - 990' 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 George Washington</p> <p>9. WELL NO. 13</p> <p>10. FIELD AND POOL, OR WELDCAT Nipp PC Extension</p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 35, 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.) 6251' GR</p>

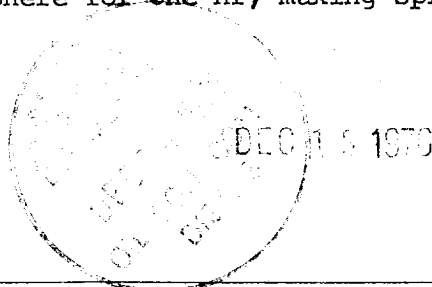
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data.

<p>NOTICE OF INTENTION TO:</p> <table border="0"> <tr> <td>TEST WATER SHUT-OFF</td> <td><input type="checkbox"/></td> <td>PULL OR ALTER CASING</td> <td><input type="checkbox"/></td> </tr> <tr> <td>FRACTURE TREAT</td> <td><input type="checkbox"/></td> <td>MULTIPLE COMPLETE</td> <td><input type="checkbox"/></td> </tr> <tr> <td>SHOOT OR ACIDIZE</td> <td><input type="checkbox"/></td> <td>ABANDON*</td> <td><input type="checkbox"/></td> </tr> <tr> <td>REPAIR WELL</td> <td><input type="checkbox"/></td> <td>CHANGE PLANS</td> <td><input type="checkbox"/></td> </tr> <tr> <td>(Other)</td> <td></td> <td></td> <td></td> </tr> </table>	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)				<p>SUBSEQUENT REPORT OF:</p> <table border="0"> <tr> <td>WATER SHUT-OFF</td> <td><input type="checkbox"/></td> <td>REPAIRING WELL</td> <td><input type="checkbox"/></td> </tr> <tr> <td>FRACTURE TREATMENT</td> <td><input type="checkbox"/></td> <td>ALTERING CASING</td> <td><input type="checkbox"/></td> </tr> <tr> <td>SHOOTING OR ACIDIZING</td> <td><input type="checkbox"/></td> <td>ABANDONMENT*</td> <td><input type="checkbox"/></td> </tr> <tr> <td>(Other)</td> <td></td> <td>Completion</td> <td><input checked="" type="checkbox"/></td> </tr> </table> <p>(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)</p>	WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>	FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>	(Other)		Completion	<input checked="" type="checkbox"/>
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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 (13 holes) 1238-1248' and 1233-1236'. Swabbed well down. Well kicked off making est 200-250 MCFGPD.

12-3-76
Ran 40 jts 1-1/4" OD 2.4# CW-55 10R EUE Condition "B" tbg with cross pin on btn. Landed tbg and nipped up wellhead. TE 1259.60' set @ 1257' GR. Treated well with Allied Services kill truck with 250 gals 15% HCl acid followed by 10 bbls wtr treated with foaming agent. BD press 600 psi, treated @ 1-1/2 BPM @ 300 psi. Moved Farmington Well Service rig back on well and swabbed well in through 1-1/4" tbg. Well kicked off after 5 runs. Flowed well to atmosphere for one hr, making spray wtr and est 500 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: