

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPPLICATE\*  
(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. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER  |  | 5. LEASE DESIGNATION AND SERIAL NO.<br>NM 61                         |
| 2. NAME OF OPERATOR<br>Dugan Production Corp.  |  | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME                                 |
| 3. ADDRESS OF OPERATOR<br>Box 208, Farmington, NM 87401  |  | 7. UNIT AGREEMENT NAME   |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*<br>See also space 17 below.)<br>At surface 1550' FSL - 990' FEL |  | 8. FARM OR LEASE NAME<br>Rachel                                      |
| 14. PERMIT NO.   |  | 9. WELL NO.<br>2   |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.)<br>6245' GR   |  | 10. FIELD AND POOL, OR WILDCAT<br>WAW Fruitland PC                   |
|  |  | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA<br>Sec 34 T26N R12W |
|  |  | 12. COUNTY OR PARISH<br>San Juan                                     |
|  |  | 13. STATE<br>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 checked="" 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"/>                       |  |

(Other) \_\_\_\_\_

(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.) \*

7-29-79

Foam fraced perfs 1196-1205 (10 holes) w/70 quality foam by Western Co. and Nowsco. Used 15,000# 10-20 sand, 21 gals adafoam, approx 70 bbls wtr and 98,100 SCF of Nitrogen. Initial TP 1600 psi, Max TP 1700 psi, Min TP 1600 psi. Ave TP 1650 psi. Average IR on fluid 4.5 B/M. ISDP 800 psi, 10 min closed in pressure 550 psi. Opened well to atmosphere thru 5/8" choke after two hour shut in @ 2:30 p.m.

RECEIVED  
APR 12 1979  
U. S. GEOLOGICAL SURVEY  
FARMINGTON, N. M.

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

SIGNED

Thomas A. Dugan

(This space for Federal or State office use)

TITLE

Petroleum Engineer

DATE

8-1-79

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side