

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.)

1. oil well ☐ gas well ☒ other ☐
2. NAME OF OPERATOR  
Dugan Production Corp.
3. ADDRESS OF OPERATOR  
Box 208, Farmington, NM 87401
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 1550' FSL - 990' FEL  
AT TOP PROD. INTERVAL:  
AT TOTAL DEPTH:
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

5. LEASE  
NM 61
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME  
Rachel
9. WELL NO.  
2
10. FIELD OR WILDCAT NAME  
WAW Fruitland PC
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Section 34 T26N R12W
12. COUNTY OR PARISH 13. STATE  
San Juan NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)  
6245' GR

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

- REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:
- |                      |                          |                          |
|----------------------|--------------------------|--------------------------|
| TEST WATER SHUT-OFF  | <input type="checkbox"/> | <input type="checkbox"/> |
| FRACTURE TREAT       | <input type="checkbox"/> | <input type="checkbox"/> |
| SHOOT OR ACIDIZE     | <input type="checkbox"/> | <input type="checkbox"/> |
| REPAIR WELL          | <input type="checkbox"/> | <input type="checkbox"/> |
| PULL OR ALTER CASING | <input type="checkbox"/> | <input type="checkbox"/> |
| MULTIPLE COMPLETE    | <input type="checkbox"/> | <input type="checkbox"/> |
| CHANGE ZONES         | <input type="checkbox"/> | <input type="checkbox"/> |
| ABANDON*             | <input type="checkbox"/> | <input type="checkbox"/> |
- (other) tbq

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.)\*

8-01-79

Moved in and rigged up FWS swabbing unit. Re-ran 1-1/4" tbq in hole. Landed tbq - nipples up wellhead. Well making estimated 250-300 MCF. Shut in. Rigged down FWS.

Subsurface Safety Valve: Manu. and Type

Set @ Ft.

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

SIGNED Thomas A. Dugan TITLE President DATE 8-6-79

(This space for Federal or State office use)

APPROVED BY TITLE DATE  
CONDITIONS OF APPROVAL, IF ANY: