

5 BLM, Fmn

1 File

Form Approved.  
Budget Bureau No. 42-R1424

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 ☐ P & A

2. NAME OF OPERATOR  
DUGAN PRODUCTION CORP.

3. ADDRESS OF OPERATOR  
P O Box 208, Farmington, NM 87499

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 1650' FSL - 990' FEL  
AT TOP PROD. INTERVAL:  
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐  
FRACTURE TREAT ☐  
SHOOT OR ACIDIZE ☐  
REPAIR WELL ☐  
PULL OR ALTER CASING ☐  
MULTIPLE COMPLETE ☐  
CHANGE ZONES ☐  
ABANDON\* ☒  
(other) ☐

SUBSEQUENT REPORT OF:

☐  
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RECEIVED

(NOTE: Report results of multiple completion or change on Form 9-331-C)

FEB 17 1984

BUREAU OF LAND MANAGEMENT  
FARMINGTON RESOURCE AREA

RECEIVED  
FEB 22 1984  
OIL CON. DIV.  
DIST. 3

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.)\*

This well will not produce. Plan to plug and abandon as follows:

1. Fill 2-7/8" OD, 6.5#, C-45 10V tubing for casing from PBD 1270 to surface using 36 sx of cement and displacing with 1/4 bbl. water.
2. Install permanent dry hole marker.
3. Fill all pits.
4. Cleaned well location of all equipment, pipe, junk, and trash.
5. Will restore surface as directed by the surface management agency.
6. Cut off tie-downs.

*perforate @ 215' & squeeze whenever cement to cover O/SO Hame.  
notify this office 24 hours prior to plugging.*

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_

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

SIGNED Jim L. Jacobs

TITLE Geologist

DATE 2-16-84

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

APPROVED  
AS AMENDED

M. MILLENBACH  
AREA MANAGER