

Form 9-331  
(May 1963)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. NOO-C-5340
2. NAME OF OPERATOR Dugan Production Corp.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 234 Farmington, NM 87501		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 790' FNL - 790' FWL		8. FARM OR LEASE NAME Designated Hitter
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6093' GR	9. WELL NO. #1
		10. FIELD, AND POOL, OR WILDCAT NIPP Pictured Cliffs
		11. SEC., T., R., M., OR BLK. AND SUBVEY OR ARMA Sec 27, T26N, R12W
		12. COUNTY OR PARISH 13. STATE San Juan New Mexico

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORTS 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 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) Change of Operator & Name <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 and 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.)\*

CHANGE OF OPERATOR  
Effective November 10, 1977

From: Jerome P. McHugh To: Dugan Production Corp

CHANGE OF NAME  
Effective November 10, 1977

From: Chaco Plant #31 To: Designated Hitter #1

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

SIGNED Thomas A. DuganTITLE Petroleum EngineerDATE 12-6-77

(This space for Federal or State office use)

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

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

\*See Instructions on Reverse Side

DEC 7 1977

NEW MEXICO OIL CONSERVATION COMMISSION  
MULTIPOINT AND ONE POINT BACK PRESSURE TEST FOR GAS WELLForm C-122  
Revised 9-1-65

Type Test <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Annual <input type="checkbox"/> Special					Test Date 1-19-78			
Company Dugan Production Corp.				Connection				
Pool NIPP - Pictured Cliffs				Formation Pictured Cliffs				Unit
Completion Date 1-11-78		Total Depth 1254		Plug Back TD 1195'		Elevation 6093' GR		Farm or Lease Name Designated Hitter
Csq. Size 2-7/8"	Wt. 6.4#	d 1.380	Set At 1254	Perforations: From 1128' To 1148'			Well No. 1	
Tbg. Size 1-1/4"	Wt. 2.3#	d 1.380	Set At 1164	Perforations: From Open End To			Unit    Sec.    Twp.    Rge. D    27    26N    12W	
Type Well - Single - Bradenhead - G.G. or G.O. Multiple Single Gas					Packer Set At		County San Juan	
Producing Thru Tbg		Reservoir Temp. °F @		Mean Annual Temp. °F		Baro. Press. - P <sub>a</sub>		State New Mexico
L	H	G <sub>g</sub> .62 est	% CO <sub>2</sub>	% N <sub>2</sub>	% H <sub>2</sub> S	Prover	Meter Run	Taps

  

FLOW DATA							TUBING DATA		CASING DATA		Duration of Flow
NO.	Prover Line Size	X	Orifice Size	Press. p.s.i.g.	Diff. h <sub>w</sub>	Temp. °F	Press. p.s.i.g.	Temp. °F	Press. p.s.i.g.	Temp. °F	
SI							223		224		7 days
1.											
2.											
3.	5/8" Pos Choke			23		620			60		3 hrs.
4.											
5.											

  

RATE OF FLOW CALCULATIONS							
NO.	Coefficient (24 Hour)	$\sqrt{h_w P_m}$	Pressure P <sub>m</sub>	Flow Temp. Factor F <sub>t</sub>	Gravity Factor F <sub>g</sub>	Super Compress. Factor, F <sub>pv</sub>	Rate of Flow Q, Mcfd
1							
2							
3	8.5417		35	.9981	.9882	1.000	295
4							
5							

  

NO.	P <sub>t</sub>	Temp. °R	T <sub>t</sub>	Z	Gas Liquid Hydrocarbon Ratio _____ Mcf/bbl.
1.					A.P.I. Gravity of Liquid Hydrocarbons _____ Deg.
2.					Specific Gravity Separator Gas _____ X X X X X X X X
3.					Specific Gravity Flowing Fluid _____ X X X X X
4.					Critical Pressure _____ P.S.I.A. _____ P.S.I.A.
5.					Critical Temperature _____ R _____ R

  

NO.	P <sub>t</sub> <sup>2</sup>	P <sub>w</sub> <sup>2</sup>	P <sub>w</sub> <sup>2</sup>	P <sub>c</sub> <sup>2</sup> - P <sub>w</sub> <sup>2</sup>	(1) $\frac{P_c^2}{P_c^2 - P_w^2} = 1.1026$	(2) $\left[ \frac{P_c^2}{P_c^2 - P_w^2} \right]^{.85} = 1.0866$
1						
2						
3		72	5184	50,512		
4						
5						

  

Absolute Open Flow <u>321</u> Mcfd @ 15.025				Angle of Slope $\theta$ _____	
Remarks: _____					
Approved By Commission: _____ Conducted By: _____ Calculated By: _____ Checked By: _____					