

5 BLM

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 ☐ gas ☒ other ☐

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: 790' FNL - 790' FWL

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:

☐
☒
☐
☐
☐
☐
☐
☐

RECEIVED
AUG 1 1983

(NOTE: Report results of multiple completion or zone change on Form 9-330.)
U. S. GEOLOGICAL SURVEY
FARMINGTON, N. M.

5. LEASE

N00-C-5340

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Designated Hitter

9. WELL NO.

1

10. FIELD OR WILDCAT NAME

WPA ~~DEEP~~ Pictured Cliffs

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 27 T26N R12W

12. COUNTY OR PARISH

San Juan

13. STATE

NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)

6093' GL

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.)*

7-23-83 Western Co. Foam fractured perfs 1128-32 and 1138-48. Used 92 bbls. water, 20,000# 20-40 sand, 90,352 scf Nitrogen, 24 gal. frac foam. Minimum treating pressure 1400 psi. Maximum treating pressure 1425 psi. Ave. treating pressure 1400 psi. Overall I.R. 15 bbls. per minute. ISDP 1000 psi. 15 Min. closed in pressure 600 psi. Rigged down Western Co. Opened well through 1/2" choke. Left blowing to atmosphere overnight.

Subsurface Safety Valve: Manu. and Type _____

OIL CON. DIV
DIST. 3

Set @ _____ Ft.

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

SIGNED

J. L. Jacobs

TITLE Geologist

DATE

7-26-83 ACCEPTED FOR RECORD

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

AUG 02 1983

CONDITIONS OF APPROVAL, IF ANY:

NMOCC

*See Instructions on Reverse Side

FARMINGTON RESOURCE AREA
FARMINGTON, NEW MEXICO

BY