

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse 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. NM 0558240	
2. NAME OF OPERATOR Dugan Production Corp.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR Box 208, Farmington, NM 87401		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' FSL - 870' FWL		8. FARM OR LEASE NAME County Seat	
14. PERMIT NO.		9. WELL NO. #1R	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6038' GR		10. FIELD AND POOL, OR WILDCAT WAW Fruitland PC	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 21 T26N R12W	
		12. COUNTY OR PARISH San Juan	
		13. STATE NM	

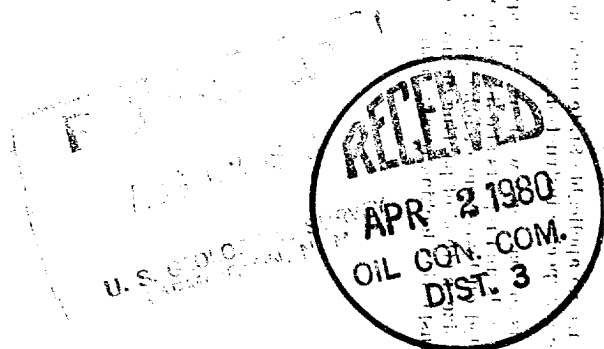
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data.

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"/>	

(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.)*

7-30-79 Foam fraced perfs 1091-1099' (8 holes) by Western Co. w/70 quality foam. Used 15,000# 10-20 sand, 21 gals adafoam, 77 bbls wtr and 97,800 SCF nitrogen. Initial TP 2200, Max TP 2200 psi, Min. TP 1800 psi, Ave. TP 2000 psi. Ave. IR of fluid 4.5 B/M. ISDP 1000 psi, 10 min. closed in pressure 700 psi. Opened well to atmosphere after 2 hr shut in through 1/2" choke @ 5:30 p.m.



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

SIGNED <u>Thomas A. Dugan</u>	TITLE <u>Petroleum Engineer</u>	DATE <u>8-1-79</u>
(This space for Federal or State office use)		
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		

nmoc