

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE Am. Form approved.  
(Other instructions on reverse side) 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   | 6. LEASE DESIGNATION AND SERIAL NO.<br>NM 9177                       |
| 2. NAME OF OPERATOR<br>Dugan Production Corp.   | 7. IF INDIAN, ALLOTTEE OR TRIBE NAME                                 |
| 3. ADDRESS OF OPERATOR<br>Box 234, Farmington, NM 87401   | 8. UNIT AGREEMENT NAME   |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*<br>See also space 17 below.)<br>At surface<br>1850' FSL - 790' FEL | 9. FARM OR LEASE NAME<br>Mansion                                     |
| 14. PERMIT NO.  | 10. WELL NO.<br>#1   |
| 15. ELEVATIONS (Show whether DF, RT, CR, etc.)<br>6429' GR  | 11. FIELD AND POOL, OR WILDCAT<br>Wildcat                            |
|   | 12. SEC., T., R., M., OR BLK. AND SURVEY OR AREA<br>Sec 32 T26N R13W |
|   | 13. COUNTY OR PARISH<br>San Juan                                     |
|   | 14. STATE<br>NM  |

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

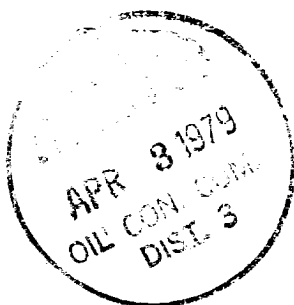
| NOTICE OF INTENTION TO:                      |   | SUBSEQUENT REPORT OF:                          |  |
|--|---|--|--|
| TEST WATER SHUT-OFF <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> | WATER SHUT-OFF <input type="checkbox"/>        | REPAIRING WELL <input type="checkbox"/>  |
| FRACTURE TREAT <input type="checkbox"/>      | MULTIPLE COMPLETE <input type="checkbox"/>    | FRACTURE TREATMENT <input 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) <u>spud and surface csg</u>            |  |

(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.)\*

3-30-79

Moved in and rigged up Morrow Drlg Co. Spudded 7-7/8" hole @ 12:35 p.m. Drlg to 32'. Ran 1 jt 5-1/2" OD 15.5# ST&C csg. TE 30.88' set @ 32' GR. Cemented to surface w/8 sx. Job complete 1:45 p.m. 3-29-79.



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

SIGNED Thomas A. Dugan

TITLE Petroleum Engineer

DATE 3-30-79

(This space for Federal or State office use)

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

NMOC