

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.<br>SF 078897A                    |
| 2. NAME OF OPERATOR<br>Dugan Production Corp.  |  | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME                                 |
| 3. ADDRESS OF OPERATOR<br>Box 234, Farmington, NM 87401  |  | 7. 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 1820' FNL - 820' FWL |  | 8. FARM OR LEASE NAME<br>Western Federal                             |
| 14. PERMIT NO.   |  | 9. WELL NO.<br>9   |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.)<br>6054' GR   |  | 10. FIELD AND POOL, OR WILDCAT<br>South Gallegos PC                  |
|  |  | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA<br>Sec 7, T26N R11W |
|  |  | 12. COUNTY OR PARISH<br>San Juan                                     |
|  |  | 13. 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"/> | WATER SHUT-OFF  | <input type="checkbox"/>            |
| FRACTURE TREAT          | <input type="checkbox"/> | FRACTURE TREATMENT  | <input type="checkbox"/>            |
| SHOOT OR ACIDIZE        | <input type="checkbox"/> | SHOOTING OR ACIDIZING   | <input type="checkbox"/>            |
| REPAIR WELL             | <input type="checkbox"/> | (Other) tbh   | <input type="checkbox"/>            |
| (Other)                 | <input type="checkbox"/> | (NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) | <input type="checkbox"/>            |
| PULL OR ALTER CASING    | <input type="checkbox"/> | REPAIRING WELL  | <input type="checkbox"/>            |
| MULTIPLE COMPLETE       | <input type="checkbox"/> | ALTERING CASING   | <input type="checkbox"/>            |
| ABANDON*                | <input type="checkbox"/> | ABANDONMENT*  | <input checked="" type="checkbox"/> |
| CHANGE PLANS            | <input type="checkbox"/> |   | <input type="checkbox"/>            |

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.)\*

8-10-79

Moved in and rigged up FWS swabbing unit. Ran 38 jts 1-1/4" OD 2.4# J-55 10R EUE tbh. TE 1263.05' set @ 1260' GR. Landed tbh and nipped up wellhead. Left tbh open to atmosphere 3 hours. Shut in.

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

SIGNED Thomas A. Dugan TITLE Petroleum Engineer DATE 8-14-79

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: