

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 ☐ well gas ☒ well other ☐
2. NAME OF OPERATOR  
DUGAN PRODUCTION CORP.
3. ADDRESS OF OPERATOR  
P O Box 208, Farmington, NM 87401
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 790' FNL - 1850' FEL  
AT TOP PROD. INTERVAL:  
AT TOTAL DEPTH:
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

- REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:
- |                      |                          |   |
|----------------------|--------------------------|---|
| TEST WATER SHUT-OFF  | <input type="checkbox"/> | <input type="checkbox"/>                          |
| FRACTURE TREAT       | <input type="checkbox"/> | <input type="checkbox"/>                          |
| SHOOT OR ACIDIZE     | <input type="checkbox"/> | <input type="checkbox"/>                          |
| REPAIR WELL          | <input type="checkbox"/> | <input type="checkbox"/>                          |
| PULL OR ALTER CASING | <input type="checkbox"/> | <input type="checkbox"/>                          |
| MULTIPLE COMPLETE    | <input type="checkbox"/> | <input type="checkbox"/>                          |
| CHANGE ZONES         | <input type="checkbox"/> | <input type="checkbox"/>                          |
| ABANDON*             | <input type="checkbox"/> | <input type="checkbox"/>                          |
| (other)              | <input type="checkbox"/> | <input checked="" type="checkbox"/> Remedial Work |

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.)\*

11-30-81 Moved in swabbing unit. Swabbed well down Well kicked off.  
Making 50 MCF gas.

12-5-81 MI & RU Hinson's swabbing unit. Ran in hole w/ 1 1/2" O.D., 2 3/8",  
J-55, 10R, I.J. tubing. Tagged bottom at 1294'. Set tubing at  
1297' GL. (39 jts.) Well making est. 50 MCF. Shut well in  
for test.

Subsurface Safety Valve: Manual and Type

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

SIGNED Thomas A. Dugan TITLE Petroleum Engineer DATE 12-7-81

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY

NMOCC

5. LEASE  
SF 078897-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
Western Federal

9. WELL NO.  
8Y

10. FIELD OR WILDCAT NAME  
So. Gallegos Fruitland

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec 18 T26N R11W

12. COUNTY OR PARISH 13. STATE  
San Juan NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)  
6096

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

