

6 BLM, Fmn 2 <sup>Celsius</sup> ~~Wexpro~~ 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 87401

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 1120' FNL - 1520' 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:

TEST WATER SHUT-OFF ☐  
FRACTURE TREAT ☐  
SHOOT OR ACIDIZE ☐  
REPAIR WELL ☐  
PULL OR ALTER CASING ☐  
MULTIPLE COMPLETE ☐  
CHANGE ZONES ☐  
ABANDON\* ☐  
(other) ☐

SUBSEQUENT REPORT OF:

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RECEIVED  
JUL 03 1984  
OIL CON. DIV.  
DCT. 2

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

RECEIVED

JUN 27 1984

BUREAU OF LAND MANAGEMENT  
FARMINGTON RESOURCE AREA

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.)\*

Plugged and abandoned as follows: 5-1-84

1. Pulled 1½" OD tubing.
2. Filled 2-7/8" OD, 6.4#, 10R, NEUE tubing for casing from PBTD 1342' to surface with 37 sx of cement.
3. Installed permanent dry hole monument.
4. Filled all pits.
5. Cleaned and restored location as specified by the surface management agency or landowner.
6. Cut off or removed tie-downs.

Set @ \_\_\_\_\_ Ft.

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

SIGNED Sherman E. Dugan TITLE Geologist DATE 6-25-84

(This space for Federal or State office use)

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

NMOCC