

**UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY**

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse 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.)

<p>1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER</p> <p>2. NAME OF OPERATOR <u>Dugan Production Corp.</u></p> <p>3. ADDRESS OF OPERATOR <u>Box 234, Farmington, NM 87401</u></p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) <u>At surface</u> <u>790' FNL - 2000' FWL</u></p> <p>14. PERMIT NO.</p>	<p>5. LEASE DESIGNATION AND SERIAL NO. <u>NM 0499348</u></p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</p> <p>7. UNIT AGREEMENT NAME</p> <p>8. FARM OR LEASE NAME <u>FAF</u></p> <p>9. WELL NO. <u>#3</u></p> <p>10. FIELD AND POOL, OR WILDCAT <u>WAW</u></p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec 30 T27N R13W</u></p> <p>12. COUNTY OR PARISH <u>San Juan</u></p> <p>13. STATE <u>NM</u></p>
<p>15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>6151' GR</u></p>	

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT ON:	
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 checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>perf & tbg</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.)*

5-31-78 Moved in and rigged up FWS swabbing unit. Blue Jet ran Gamma Ray correlation and collar logs. PSTD 1413'. Swabbed 2-7/8" csg down to approx 900'. Perforated Pictured Cliff formation w/1 2-1/8" glass jet per foot 1341-1346', and 1350-1355' (total of 10 holes). Made one swab run. Well kicked off making estimated 50 MCF/GPD. Made second swab run - no indicated fluid entry. Shut well in.

6-1-78 Moved in and rigged up FWS swabbing unit. Ran 42 jts 1-1/4" OD 2.4# J-55 10R EUE tbg w/cross pin on bottom for swab stop. TE 1368.56 set @ 1366' GR. Shut well in. Rigged down FWS.

RECEIVED

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

SIGNED Thomas A. Dugan

TITLE Petroleum Engineer

DATE 6-5-78

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____