

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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER                                             |  | 5. LEASE DESIGNATION AND SERIAL NO.<br>NM-33040         |
| 2. NAME OF OPERATOR<br>Dugan Production Corp.                                                                                                                |  | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME                    |
| 3. ADDRESS OF OPERATOR<br>Box 208, Farmington, NM 87401                                                                                                      |  | 7. UNIT AGREEMENT NAME                                  |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)<br>At surface<br>1400' FNL - 2000' FWL |  | 8. FARM OR LEASE NAME<br>Faith                          |
| 14. PERMIT NO.                                                                                                                                               |  | 9. WELL NO.<br>#1                                       |
| 15. ELEVATIONS (Show whether OF, BTGR, etc.)<br>6100' GR                                                                                                     |  | 10. FIELD AND POOL, OR WILDCAT<br>WAW - Pictured Cliffs |
| 11. SEC., T., R., M., OR BLS. AND SURVEY OR AREA<br>SEC 19, T27N R13W                                                                                        |  | 12. COUNTY OR PARISH 13. STATE<br>San Juan 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)               | <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 type="checkbox"/> |
| CHANGE PLANS            | <input type="checkbox"/> |                       |                          |

(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.) \*

Request permission to conduct additional swabbing and evaluation.  
We feel that this well is capable of producing significant quantities of natural gas with more swabbing and testing.



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

SIGNED Thomas A. Dugan

TITLE Petroleum Engineer

DATE 10-28-81

(This space for Federal or State office use)

APPROVED BY RAYMOND W. VINYARD  
CONDITIONS OF APPROVAL, IF ANY:

TITLE ASSISTANT SUPERVISOR

DATE

\*See Instructions on Reverse Side

NMOCC