5 MMS(Farmington) 1-File

Form 9-331
(May 1963)

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 ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR: Dugan Production Corp.

3. ADDRESS OF OPERATOR: Box 208, Farmington, NM 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface: ~~1400~~ 1450' FNL - 2000' FWL

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5. LEASE DESIGNATION AND SERIAL NO.: NM-33040

6. IF INDIAN, ALLOTTEE OR TRIBE NAME:

7. UNIT AGREEMENT NAME:

8. FARM OR LEASE NAME: Faith

9. WELL NO.: #1

10. FIELD AND POOL, OR WILDCAT: WAW - Pictured Cliffs

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: SEC 19 T27N R13W

12. COUNTY OR PARISH: San Juan

13. STATE: NM

14. PERMIT NO.:

15. ELEVATIONS (Show whether DF, RT, GR, etc.): 6100' GR

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

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
TEST WATER SHUT-OFF	☐	PULL OR ALTER CASING	☐	WATER SHUT-OFF	☐	REPAIRING WELL	☐
FRACTURE TREAT	☐	MULTIPLE COMPLETE	☐	FRACTURE TREATMENT	☐	ALTERING CASING	☐
SHOOT OR ACIDIZE	☐	ABANDON*	☐	SHOOTING OR ACIDIZING	☐	ABANDONMENT*	☐
REPAIR WELL	☐	CHANGE PLANS	☐	(Other) Status			
(Other)				(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.) *

9-4-82 MI & RU Hinson Service Co. and prepare to swab 2-7/8" casing. SICP Zero. Swabbed well 2 times. Trace of gas ahead of swab. No fluid in hole. Shut well in.

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OIL CON. COM.
DIST. 3

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

SIGNED Thomas A. Dugan TITLE Petroleum Engineer DATE 9-9-82

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

SEP 16 1982

FARMINGTON DISTRICT

BY _____

*See Instructions on Reverse Side

NMOCC