

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
Box 208, Farmington, NM 87401
-
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 2000' FSL - 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) | _____ | |

- | | |
|---|-----------------|
| 5. LEASE
NM 11580 | |
| 6. IF INDIAN, ALLOTTEE OR TRIBE NAME | |
| 7. UNIT AGREEMENT NAME | |
| 8. FARM OR LEASE NAME
KR | |
| 9. WELL NO.
10 | |
| 10. FIELD OR WILDCAT NAME
WAW Fruitland PC | |
| 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. API NO. | |
| 15. ELEVATIONS (SHOW DF, KOB, AND WD)
6123' GR | |

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

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.)*

Welex ran IES log. Laid down drill pipe. Rigged up csg tools. Ran 50 jts 2-7/8" OD 6.4# CW-55 10R. NEUE tbg for csg. TE 1464.78' set @ 1464'GR. Circulated hole for 20 min. w/mud pump. Preflushed hole w/100 gals CW-7 mud wash. Cemented w/50 sx 65-35 w/12% gel w/1/4# flo cele per sx followed by 50 sx neat w/4% gel w/1/4# flo cele per sx. Total slurry 210 cu ft. Had good mud returns and reciprocated pipe while cementing. Bumped plug w/1700 psi. Released to 750 psi. Shut in. POB 3:40 p.m. 8-26-79.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED T. A. Dugan TITLE Petroleum Eng. DATE 8-28-79
Thomas A. Dugan

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: _____

num occ

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
Box 208, Farmington, NM 87401
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 2000' FSL - 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) | spud and surface csg | | |

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.)*

8-22-79 Moved in and rigged up Morrow Drlg Co. Spudded 7-7/8" hole @ 11:00 a.m. Drlg to 28'. Ran 1 jt 5-1/2" OD 15.5# K-55 ST&C csg. TE 27.90' set @ 28' GR. Cemented w/6 sx. Job complete 1:30 p.m. 8-22-79.

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

Subsurface Safety Valve: Manu. and Type _____

Set @ _____

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

SIGNED

Thomas A. Dugan

TITLE

Petroleum Eng.

DATE

8-23-79

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

SYNOPSIS

