Form 9-331
Dec. 1973

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 well ☐   gas well ☒   other

2. NAME OF OPERATOR
Dugan Production Corp.
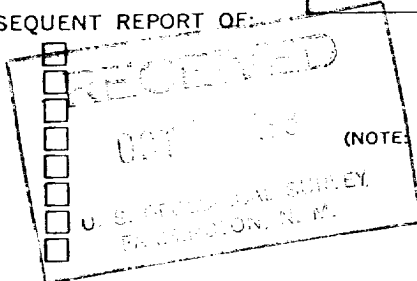
3. ADDRESS OF OPERATOR
Box 208, Farmington, NM 87401

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 980' FSL - 980' FEL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

5. LEASE NOO C 14-20-7468

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Uncle Sam

9. WELL NO. #1

10. FIELD OR WILDCAT NAME
WAW Fruitland PC

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 22 T27N R13W

12. COUNTY OR PARISH San Juan
13. STATE NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
6038' GL

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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☐
☐
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(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.)*

Plan to test Fruitland Formation by selectively perforating intervals 1160-1170 and 1290-1298. If deemed productive, plan to complete well.
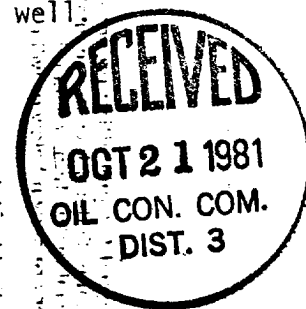
Dugan Production is in the process of filing AFE's to partners in well.

RECEIVED
OCT 21 1981
OIL CON. COM.
DIST. 3

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

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

SIGNED _Thomas A. Dugan_ TITLE Petroleum Engineer DATE 10-14-81

(This space for Federal or State office use)

APPROVED BY _____ TITLE ACTING SUPERVISOR DATE OCT 19 1981

CONDITIONS OF APPROVAL, IF ANY:

NMOCC
*See Instructions on Reverse Side