

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  
P O Box 208, Farmington, NM 87499
- 
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 1850' FSL - 1850' FWL  
AT TOP PROD. INTERVAL:  
AT TOTAL DEPTH:
- 
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

- |                      |                          |
|----------------------|--------------------------|
| TEST WATER SHUT-OFF  | <input type="checkbox"/> |
| FRACTURE TREAT       | <input type="checkbox"/> |
| SHOOT OR ACIDIZE     | <input type="checkbox"/> |
| REPAIR WELL          | <input type="checkbox"/> |
| PULL OR ALTER CASING | <input type="checkbox"/> |
| MULTIPLE COMPLETE    | <input type="checkbox"/> |
| CHANGE ZONES         | <input type="checkbox"/> |
| ABANDON*             | <input type="checkbox"/> |
| (other)              | <input type="checkbox"/> |

## SUBSEQUENT REPORT OF:

- □ □ □ □ □ □ □

 $\chi^2$ 

RECEIVED

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

AUG 13 1984

BUREAU OF LAND MANAGEMENT  
SARASOTA RESOURCE AREA

Status - Per BLM Request

5. LEASE  
NM 33040
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME  
Faith
9. WELL NO.  
4
10. FIELD OR WILDCAT NAME  
WAW Pictured Cliffs
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec. 18 T27N R13W
12. COUNTY OR PARISH | 13. STATE  
San Juan | NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)  
6075' GL; GL = RKB

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.)\*

This well makes a small amount of gas. We are trying to negotiate a gas contract and plan to frac the well after we obtain a contract, hopefully within the next 60 days.

Subsurface Safety Valve: Manu. and Type

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

SIGNED Jim L. Jacobs

TITLE **Geologist**

DATE \_\_\_\_\_

(This space for Federal or State office use)

APPROVED BY

**TITLE**

DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

FARMINGTON RESOURCE AREA

BY