

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 other2. NAME OF OPERATOR  
Dugan Production Corp.3. ADDRESS OF OPERATOR  
Box 208, Farmington, NM 874014. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
1235' FNL - 1215' FEL  
AT SURFACE:  
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 ☐  
FRACTURE TREAT ☐  
SHOOT OR ACIDIZE ☐  
REPAIR WELL ☐  
PULL OR ALTER CASING ☐  
MULTIPLE COMPLETE ☐  
CHANGE ZONES ☐  
ABANDON\* ☒  
(other) ☒

SUBSEQUENT REPORT OF:

☐  
☐  
☐  
☐  
☐  
☐  
☐  
☐  
☐  
☐

Request Approval to Test

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.)\*

We plan to run one point back pressure test on this well 1-5-83.

RECEIVED  
JAN 17 1983  
OIL CON. DIV.  
DIST. 3

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_

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

SIGNED Jim L. Jacobs TITLE Geologist DATE 1-4-83

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_ DATE \_\_\_\_\_

APPROVED  
AS AMENDEDJAN 14 1983  
JAMES F. SIMS  
DISTRICT ENGINEER

\*See Instructions on Reverse Side

NMOCC

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

## SUNDRY NOTICES AND REPORTS ON WELLS

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Box 208, Farmington, NM 874014. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
1235' FNL - 1215' FEL  
AT SURFACE:  
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 ☐  
FRACTURE TREAT ☐  
SHOOT OR ACIDIZE ☐  
REPAIR WELL ☐  
PULL OR ALTER CASING ☐  
MULTIPLE COMPLETE ☐  
CHANGE ZONES ☐  
ABANDON\* ☐  
(other) ☒ XX

SUBSEQUENT REPORT

RECEIVED  
JAN 5 1983U. S. GEOLOGICAL SURVEY  
FARMINGTON, N. M.

Request Approval to Test

5. LEASE  
NM 10758

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
Pittam Pond9. WELL NO.  
#110. FIELD OR WILDCAT NAME  
PC Twin Mounds11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec 1 T29N R15W12. COUNTY OR PARISH  
San Juan13. STATE  
NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)  
5301' GL

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.)\*

We plan to run one point back pressure test on this well 1-5-83.

Subsurface Safety Valve: Manu. and Type

Set @ Ft.

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

SIGNED Jim L. Jacobs TITLE Geologist DATE 1-4-83

(This space for Federal or State office use)

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

APPROVED  
AS AMENDED

JAN 14 1983

JAMES F. SIMS  
DISTRICT ENGINEER

\*See Instructions on Reverse Side

NMOCC

Form 3160-5  
(June 1990)UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENTFORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: March 31, 1993

## SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals

5. Lease Designation and Serial No.

NM 10758

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

## SUBMIT IN TRIPLICATE

1. Type of Well:

☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator

Dugan Production Corp.

3. Address and Telephone No.

P.O. Box 420, Farmington, NM 87499 (505) 325-1821

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

1235' FNL & 1215' FEL (NE/4 NE/4)  
Unit A, Sec. 1, T29N, R15W, NMPM

8. Well Name and No.

Pittam Pond #1

9. API Well No.

30 045 23906

10. Field and Pool, or Exploratory Area

Twin Mounds PC

11. County or Parish, State

San Juan County, NM

## 12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

## TYPE OF SUBMISSION

- ☐
- Notice of Intent
- 
- ☒
- Subsequent Report
- 
- ☐
- Final Abandonment Notice

## TYPE OF ACTION

- ☐
- Abandonment
- 
- ☐
- Recompletion
- 
- ☐
- Plugging Back
- 
- ☐
- Casing Repair
- 
- ☐
- Altering Casing
- 
- ☒
- Other Status

- ☐
- Change of Plans
- 
- ☐
- New Construction
- 
- ☐
- Non-Routine Fracturing
- 
- ☐
- Water Shut-Off
- 
- ☐
- Conversion to Injection
- 
- ☐
- Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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.)\*

Continued shut-in is requested because sales line of sufficiently low pressure to allow production is unavailable.

RECEIVED

SEP - 3 1993

OIL CON. DIV.  
DIST. 3

THIS APPROVAL EXPIRES

SEP 01 1994

OCT 11 1993

OCT 11 1993

RECEIVED  
BLM

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

Signed

John Alexander

Title Operations Manager

Date 8/26/93

(This space for Federal or State office use)

Approved by

Conditions of approval, if any:

Title

APPROVED

AUG 31 1993

DISTRICT MANAGER

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false or fraudulent statements or representations as to any matter within its jurisdiction.

\*See Instruction on Reverse Side

Form 3160-5  
(June 1990)UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENTRECEIVED  
BLMFORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: March 31, 1993

## SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

SEP 30 1994  
070 FARMINGTON, NM

## 1. Type of Well

☐ Oil Well ☒ Gas Well ☐ Other

## 2. Name of Operator

Dugan Production Corp.

## 3. Address and Telephone No.

P.O. Box 420, Farmington, NM 87499 (505) 325-1821

## 4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

1235' FNL & 1215' FEL (NE/4 NE/4)  
Unit A, Sec. 1, T29N, R15W, NMPM

## 5. Lease Designation and Serial No.

NM 10758

## 6. If Indian, Allottee or Tribe Name

## 7. If Unit or CA, Agreement Designation

## 8. Well Name and No.

Pittam Pond #1

## 9. API Well No.

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## 10. Field and Pool, or Exploratory Area

Twin Mounds PC

## 11. County or Parish, State

San Juan County, NM

## 12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

## TYPE OF SUBMISSION

☐ Notice of Intent☒ Subsequent Report☐ Final Abandonment Notice

## TYPE OF ACTION

☐ Abandonment☐ Recompletion☐ Plugging Back☐ Casing Repair☐ Altering Casing☒ Other Status☐ Change of Plans☐ New Construction☐ Non-Routine Fracturing☐ Water Shut-Off☐ Conversion to Injection☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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Sales line of sufficiently low pressure to allow production is not available. Request continued shut-in.

THIS APPROVAL EXPIRES SEP 01 1995

## 14. I hereby certify that the foregoing is true and correct

Signed

John Alexander

Title

Operations Manager

Date

8/30/94

(This space for Federal or State office use)

Approved by

Title

Conditions of approval, if any:

APPROVED

SEP 01 1994

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[illegible]

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THIS APPROVAL EXPIRES

Sales line of sufficiently low pressure to allow production is not available. Request continued shut-in.

RECEIVED  
SEP - 8 1995  
OIL CON. DIV.  
DIST. 3

## 14. I hereby certify that the foregoing is true and correct

Signed

John Alexander

(This space for Federal or State office use)

Title Operations Manager

Date 9/1/95

Approved by

Conditions of approval, if any:

Title

Date

APPROVED

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DISTRICT MANAGER

NM000