

1-Northwest Pipeline (Salt Lake)
UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

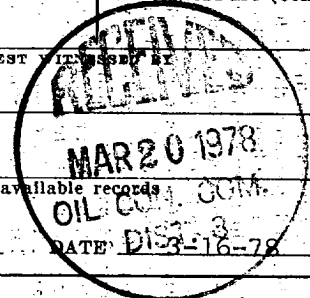
SUBMIT IN DUPLICATE*

(See other in-
structions on
reverse side)Form approved.
Budget Bureau No. 42-R355.5

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL:		OIL WELL ☐	GAS WELL ☒	DRY ☐	Other _____		
b. TYPE OF COMPLETION:		NEW WELL ☒	WORK OVER ☐	DEEP-EN ☐	PLUG BACK ☐	DIFF. RESVR. ☐	Other _____
2. NAME OF OPERATOR Dugan Production Corp.						7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR Box 234, Farmington, NM 87401						8. FARM OR LEASE NAME Ms. Nona	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 920' FNL - 970' FEL At top prod. interval reported below At total depth						9. WELL NO. #2	
14. PERMIT NO.						DATE ISSUED	
15. DATE SPUDDED 10-29-77						16. DATE T.D. REACHED 11-8-77	
17. DATE COMPL. (Ready to prod.) 1-14-78						18. ELEVATIONS (DF, REB, RT, CR, ETC.)* 6115' RKB	
20. TOTAL DEPTH, MD & TVD 6598'		21. PLUG, BACK T.D., MD & TVD 6510'		22. IF MULTIPLE COMPL., HOW MANY* Single - Gas		23. INTERVALS DRILLED BY ROTARY TOOLS 0-6598'	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* Dakota 6398-6484'						25. WAS DIRECTIONAL SURVEY MADE No	
26. TYPE ELECTRIC AND OTHER LOGS RUN GO Wireline Compensated Density, Induction Electrical, Wellex Gamma-Collar						27. WAS WELL CORRED No	
33.* PRODUCTION							
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Flowing				WELL STATUS (Producing or shut-in) SI	
DATE OF TEST 3-7-78	HOURS TESTED 12 hrs	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL. 573 AOF	GAS—MCF. 573 AOF	WATER—BBL.	GAS-OIL RATIO
FLOW. TUBING PRESS. 1940 SI	CASINO PRESSURE 1940 SI	CALCULATED 24-HOUR RATE	OIL—BBL. 573 AOF	GAS—MCF. 573 AOF	WATER—BBL.	OIL GRAVITY-API (CORR.)	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)						TEST WELLS BY	
35. LIST OF ATTACHMENTS							
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records.							
SIGNED Jim L. Jacobs		TITLE Geologist					

*(See Instructions and Spaces for Additional Data on Reverse Side)



INSTRUCTIONS

General: This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See instructions on items 22 and 24, and 33, below regarding separate reports for separate completions.

If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, all types electric, etc.), formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see item 35.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 18: Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments.

Items 22 and 24: If this well is completed for separate production from more than one interval zone (multiple completion), so state in item 22, and in item 24 show the producing interval, or intervals, top(s), bottom(s) and name(s) (if any) for only the interval reported in item 33. Submit a separate report (page) on this form, adequately identified, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

Item 29: "Sacks Cement": Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool.

Item 33: Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

37. SUMMARY OF POROUS ZONES: SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF: CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES				38. GEOLOGIC MARKERS			
FORMATION		TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH	TRUE VERT. DEPTH
					<u>Log Tops</u>		
					Fruitland	1520'	
					Pictured Cliffs	1773'	
					Lewis	1942'	
					Cliffhouse	3293'	
					Menefee	3468'	
					Point Lookout	4208'	
					Mancos	5459'	
					Gallup	5524'	
					Greenhorn	6284'	
					Graneros	6348'	
					Dakota	6396'	