

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 "APPLICATION FOR PERMIT—" for such proposals.)

1. ☐ OIL WELL ☒ GAS WELL ☐ OTHER
2. NAME OF OPERATOR
Dugan Production Corp.
3. ADDRESS OF OPERATOR
Box 234, Farmington, NM 87401
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
1800' FSL - 1800' FWL
14. PERMIT NO.
15. ELEVATIONS (Show whether DF, RT, GR, etc.)
5706' GR

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Five of Diamonds
9. WELL NO.
#2
10. FIELD AND POOL, OR WILDCAT
Wildcat - PC
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 10 T30N R13W
12. COUNTY OR PARISH
San Juan
13. STATE
NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	<input type="checkbox"/>	WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	FRACTURE TREATMENT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input checked="" type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	(Other)	<input type="checkbox"/>
(Other)	<input type="checkbox"/>	(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	
PULL OR ALTER CASING	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
CHANGE PLANS	<input type="checkbox"/>		

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.)*

8-6-79 Moved in FWS swabbing unit. Ran swab one time no fluid accumulation. Acidized perfs 1693-1703 and 1310-1316 by Allied Services kill truck. Breakdown pressure 1400 psi. Treated @ 1-1/2 B/M @ 400 psi. Dropped 40 ball sealers. No indicated ball action. Made three swab runs. Well kicked off making estimated 75 MCFGPD. Left blowing to atmosphere 15 minutes. Made one more swab run. No indicated fluid entry. Shut well in and rigged down swabbing unit.

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

SIGNED Jim L. Jacobs
(This space for Federal or State office use)

TITLE Geologist

DATE 8-13-79

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE