

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE*
(Other instructions on reverse side)

Form approved
Budget Bureau No. 42-14424
5. LEASE DE POSSESSION AND SERIAL NO.

14-20-151-44

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Ute Mountain

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Ute

9. WELL NO.

4

10. FIELD AND POOL, OR WILDCAT

Verde Gallup

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 14, T31N, R15W

12. COUNTY OR PARISH

San Juan

13. STATE

N.M.

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Thomas A. Dugan

3. ADDRESS OF OPERATOR

P. O. Box 234, Farmington, New Mexico 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface

1865' FSL, 2075' FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

5610' GR

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

(Other) ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETION ☐

ABANDON* ☐

CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) ☐

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT* ☒

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

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.)*

1. Pulled rods and tubing.
2. Spotted cement plug 2275' to 2100'.
3. Shot off 5-1/2" casing at approximately 1610'.
4. Spotted cement plug 1660' back to 1570'.
5. Spotted cement plug 1000' to 950'.
6. Spotted cement plug in surface casing.
7. Erected dry hole marker.
8. Cleaned up location.



RECEIVED
JUL 3 1973
OIL CON. COM.
DIST. 3

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

Original signed by T. A. Dugan

SIGNED

Thomas A. Dugan

TITLE

Operator

DATE

7-2-73

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side