

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.
D. LEASE DESIGNATION AND SERIAL NO.

MOO-C-1420-0626

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Ute Mtn. Ute

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Foxtail

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Wildcat

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

Sec. 35, T31N, R14W

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

Box 234, Farmington, N. M. 87401

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

790' fsl 790' fwl

14. PERMIT NO.

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

5628' GR

13. 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 COMPLETE

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.)

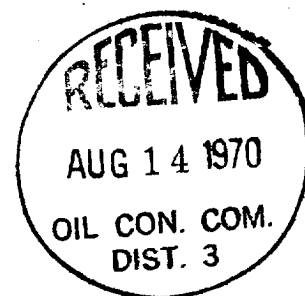
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

7-25-70 Spudded 11" surface hole to 80'.
Ran 4 jts. 8 5/8" surface casing. T. E. 80' set @ 85'
Cemented w/40 sx. P.O.B. @ 4:45 P.M. 7-25-70

7-28 Drilled 7 7/8' hole to 1300'.

7-29 Ran Schlumberger Induction Electrical log & Gamma Ray Density log.
Log T.D. 1304'.

7-30 Ran 40 Jts. 4 1/2" 9.5# K-55 8R ST&C CF&I casing. T.E. 1286.90'
set at 1293' RKB. Cemented w/150 sx Class "C" w/7 1/2# salt per sack.
P.O.B. @ 1:00 P.M. 7-30-70.



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

SIGNED Original signed by

Jim L. Jacobs

TITLE Agent

DATE 8-11-70

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE