4-0565 T-NWFKR T-Northwest Piperine T-LTT6 (Jim Prentice) Form 9-330 (Rev. 5-65) SUBMIT IN DUPLICATE. orm approved. UNITED STATES Budget Bureau No. 42-R355.5. (See other instructions on reverse side) DEPARTMENT OF THE INTERIOR 5. LEASE DESIGNATION AND SERIAL NO. GEOLOGICAL SURVEY NM 25433 6. IF INDIAN, ALLOTTEE OR TRIBE NAME WELL COMPLETION OR RECOMPLETION REPORT AND LOG* 1a. TYPE OF WELL: OIL X 7. UNIT AGREEMENT NAME Other b. TYPE OF COMPLETION: work [PLUG BACK WELL X DEEP-S. FARM OR LEASE NAME Öther 2. NAME OF OPERATOR Sixteen G's 9. WELL NO. Dugan Production Corp. 3. ADDRESS OF OPERATOR 10. FIELD AND POOL, OR WILDCAT Box 234, Farmington, NM 87401 C. 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements) Bisti Gallup 11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA At surface 1850' FNL - 990' FWL At top prod. interval reported below Sec 7, T24N, R9W At total depth 12. COUNTY OR 14. PERMIT NO. DATE ISSUED PARISH San Juan NM 18. ELEVATIONS (DF, RKB, RT, GR, ETC.) 19. ELEV. CASINGHEAD 17. DATE COMPL. (Ready to prod.) 16. DATE T.D. REACHED 15. DATE SPUDDED 6859' GR - 6870' RKB 3 - 1 - 768-7-76 2-16-76 23. INTERVALS DRILLED BY CABLE TOOLS 22. IF MULTIPLE COMPL., ROTARY TOOLS 20. TOTAL DEPTH, MD & TVD 21. PLUG, BACK T.D., MD & TVD HOW MANY 0-65001 64351 65001 WAS DIRECTIONAL 24. PRODUCING INTERVAL(S), OF THIS COMPLETION-TOP, BOTTOM, NAME (MD AND TVD) SURVEY MADE 5442-55281 No 26. TYPE ELECTRIC AND OTHER LOGS BUN 27. WAS WELL CORED No Induction Electric and Compensated Density CASING RECORD (Report all strings set in well) 28. CEMENTING RECORD DEPTH SET (MD) HOLE SIZE AMOUNT PULLED CASING SIZE WEIGHT, LB./FT. 198' 12-1/4" 135 sx8-5/8" 24# None 4-1/2" 10.5# 6480° 6-1/4" 542 cu ft (Firs Stage) cu ft (Second Stage) TUBING RECORD 30. LINER RECORD PACKER SET (MD) DEPTH SET (MD) SIZE TOP (MD) BOTTOM (MD) SACKS CEMENT® SCREEN (MD) SIZE 2-3/8" 5516' 31. PERFORATION RECORD (Interval, size and number) ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC. DEPTH INTERVAL (MD) AMOUNT AND KIND OF MATERIAL USED Two jets/ft See completion report 5422-5434' 5523-55281 for detailed information 5458-54651 5438-54421 33.* PRODUCTION PRODUCTION METHOD (Flowing, gas lift, pumping-eize and type of pump) DATE FIRST PRODUCTION 8-6-76 Pumping oducing DATE OF TEST HOURS TESTED CHOKE SIZE PROD'N. FOR TEST PERIOD OH-BBL. GAS-MCF. WATER-BBL. GAS-OIL RATIO 1545 34 22 16 8-7-76 8 CALCULATED 24-HOUR BATE GAS-MCF. WATER-BBL. OIL GRAVITY-API (CORE.) FLOW, TUBING PRESS. CASING PRESSURE OIL-BBL. 48 66 102

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)

35. LIST OF ATTACHMENTS

SIGNED THOMAS A. DUGAN TITLE Engineer DATE 8-10-76

TEST WITNESSED BY

NSTRUCTIONS

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 directions. All attachments

should be listed on this form, see item 35.

or Federal office for specific instructions. 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

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, thems 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.)

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	FORMATION	37. SUMMARY OF POR SHOW ALL IMPOI DEPTH INTERVAL
	TOP	COUS ZONES: RTANT ZONES OF PO TESTED, CUSHION
A MARTINE STATE OF THE STATE OF	BOTTOM	MARY OF POROUS ZONES: SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING
SECTION TREASURE WORK Committee to the section of t	DESCRIPTION, CONTENTS, ETC.	TS THEREOF; CORED INTERVALS; AND ALL DRILL-STEM TESTS, PEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES
62.75 3-1.25 8 27-76 		'S, INCLUDING
Log Tops Pictured Cliffs Lewis Cliff House Menefee Point Lookout Mancos Gallup Greenhorn Graneros Dakota		38.
1750 1890 3330 4218 4419 5056 5056 6243 6280	TOP	GEOLOGIC MARKERS
THE CONTROL OF THE CO		

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