## Form 9-330 (Rev. 5-63) SUBMIT IN DUPLICATE. Form approved. Budget Bureau No. 42-R355.5. UNITED STATES (See other in-DEPARTMENT OF THE INTERIOR structions on 5. LEASE DESIGNATION AND SERIAL NO. GEOLOGICAL SURVEY SF 078859 6. IF INDIAN, ALLOTTEE OR TRIBE NAME WELL COMPLETION OR RECOMPLETION REPORT AND LOG\* GAS WELL XX 18. TYPE OF WELL: 7. UNIT AGREEMENT NAME Other L TYPE OF COMPLETION: S. FARM OR LEASE NAME DEEP-EN WORK OVER Other John Adams 2. NAME OF OPERATOR 9. WELL NO. Dugan Production Corp. 3. ADDRESS OF OPERATOR Box 208, Farmington, NM 87401 10. FIELD AND POOL, OR WILDCAT 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements) Chacra - Wildcat 11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA 1150' FNL - 1520' FWL At top prod. interval reported below Sec 10 T24N R9W At total depth 12. COUNTY OR PARISH 13. STATE 14. PERMIT NO. DATE ISSUED San Juan NM 18. ELEVATIONS (DF, REB, RT, GR, ETC.) | 19. ELEV. CASINGHEAD 17. DATE COMPL. (Ready to prod.) 15. DATE SPUDDED 16. DATE T.D. REACHED 6639' GL 2-4-77 12-13-76 11-10-76 ROTARY TOOLS CABLE TOOLS 23. INTERVALS 22. IF MULTIPLE COMPL., HOW MANY 21. PLUG, BACK T.D., MD & TVD 20. TOTAL DEPTH. MD & TVD DRILLED BY Single - Gas 0- TD 25. WAS DIRECTIONAL 24. PRODUCING INTERVAL(S), OF THIS COMPLETION-TOP, BOTTOM, NAME (MD AND TVD) SURVEY MADE 2532'-2542' 2470-2476 2197-2202 2205-2209 No 27. WAS WELL CORED 26. TYPE ELECTRIC AND OTHER LOGS BUN Nο CASING RECORD (Report all strings set in well) 28. CEMENTING RECORD AMOUNT PULLED CASING SIZE WEIGHT, LB./FT. DEPTH SET (MD) HOLE SIZE 7" 8-3/4" 96' 20# 50 sx <del>2-7/</del>8" 2774 6.5# 150 sxTUBING RECORD LINER RECORD 29 SCREEN (MD) SIZE DEPTH SET (MD) PACKER SET (MD) BOTTOM (MD) SACKS CEMENT\* TOP (MD) SIZE 31. PERFORATION RECORD (Interval, size and number) ACID. SHOT, FRACTURE, CEMENT SQUEEZE, ETC. DEPTH INTERVAL (MD) AMOUNT AND KIND OF MATERIAL USED 2532-2542 2470-2476 2197-2202 2470-76 250 gals 15% HC 2205-2209 2205-09 250 gals 15% HC1 PRODUCTION 33.\* PRODUCTION METHOD (Flowing, gas lift, pumpingand type of pump) ucina or DATE FIRST PRODUCTION No Test PROD'N. FOR GAS-MCF. CHOKE SIZE DATE OF TEST HOURS TESTED TEST PERIOD NCCEPTED FOR RECORD CALCULATED 24-HOUR RATE CASING PRESSURE OIL-BBL. 34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) 35. LIST OF ATTACHMENTS and attached information is complete and common the ned from all available records 36. I hereby certify that the foregod Président

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

SIGNED .

Thomas

5-8-80

DATE .

## NSTRUCTIONS

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

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. Consuit local State

Hem 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.

Hems 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 literary, or intervals, top(s), bottom(s) and name(s) (if any) for only the interval reported in them 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.

Hem 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.

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

Submit a separate completion report on this form for each luterval to be separately produced.

F1 10 10 10 13 18

en e		•	· · · ·					_	
					-			FORMATION	SHOW
						•		TION	TH IN
	-	•	a						ALL IMPORTANT
		-							TESTE
				-				TOP	ZONES O
<u> </u>	· · ·		. : : : :					·	F PORO
7_								BOTTOM	ALL IMPURTANT ZONES OF POROSITY AND CONTENTS THEREOF, INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING
						-	<u>_</u>		NTS TH
							-		LOWI
							-	DESCRIPTION, CONTENTS, ETC.	SHOW ALL IMPONTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORED INTERVALS; AND ALL DRILL-STEM TESTS, II DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES
					- 19			CONTENTS, 1	D ALL DRILL
								TC.	STEM T
			5 (	-		;			ESTS, IN
				*					CLUDING
<del></del>		Lev Cha	P 7 7 7	0jc	1		<u> </u>		38.
		Lewis Chacra	Fruitland Pictured Cliffs	Ojo Alamo	10ps	7 7 7	2 A 22		G
		-	ffs						EOLOG
			103/ 1443' 1678'		1		MEAS. DEPTH	-	GEOLOGIC MARKERS
				_	· :		DEPTH	J.	KERS
<del></del>						I	TRUE VEST. DEPTH	TOP	