Form 9-331
Dec. 1973

5 MMS, Fmn   1 Billie Robinson   1 File   Form Approved.
                  1 Andes   Budget Bureau No. 42-R1424

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.)
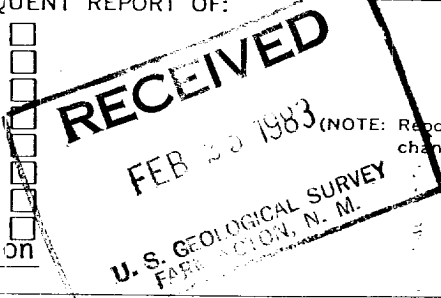
1. oil well ☐   gas well ☒   other

2. NAME OF OPERATOR
DUGAN PRODUCTION CORP.

3. ADDRESS OF OPERATOR
P O Box 208, Farmington, NM 87499

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 870' FSL – 840' FWL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

5. LEASE	NM 13612
6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
7. UNIT AGREEMENT NAME	
8. FARM OR LEASE NAME	Snuffle-upagus
9. WELL NO.	2
10. FIELD OR WILDCAT NAME	Wildcat Dakota
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA	Sec 27 T24N R12W
12. COUNTY OR PARISH	San Juan
13. STATE	NM
14. API NO.	
15. ELEVATIONS (SHOW DF, KDB, AND WD)	6097' GL & 6109' RKB

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐   ☐
FRACTURE TREAT ☐   ☐
SHOOT OR ACIDIZE ☐   ☐
REPAIR WELL ☐   ☐
PULL OR ALTER CASING ☐   ☐
MULTIPLE COMPLETE ☐   ☐
CHANGE ZONES ☐   ☐
ABANDON* ☐   ☐
(other)   Test Upper Gallup Formation

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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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.)*

Plan to test the Upper Gallup Formation as follows:

1. Set cast iron bridge plug at 3950'.

2. Set 50' cement plug above bridge plug.

3. Test Upper Gallup Formation.

Subsurface Safety Valve: Manu. and Type _____   Set @ _____ Ft.

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

SIGNED _Sherman E. Dugan_ TITLE Agent   DATE 2-24-83
Sherman E. Dugan

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

MAR 04 1983

NMOCC
*See Instructions on Reverse Side