

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other in-
structions on
reverse side)

Form approved.
Budget Bureau No. 42-R355.5.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

1a. TYPE OF WELL:				OIL WELL <input type="checkbox"/>		GAS WELL <input checked="" type="checkbox"/>		DRY <input type="checkbox"/>		Other _____	
b. TYPE OF COMPLETION:				NEW WELL <input checked="" type="checkbox"/>		WORK OVER <input type="checkbox"/>		DEEP-EN <input type="checkbox"/>		PLUG BACK <input type="checkbox"/>	
				DIFF. RESVR. <input type="checkbox"/>		Other _____					
2. NAME OF OPERATOR Dugan Production Corp.											
3. ADDRESS OF OPERATOR Box 234, Farmington, NM 87401											
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 1850' FSL - 1650' FWL At top prod. interval reported below At total depth											
14. PERMIT NO.						DATE ISSUED					
15. DATE SPUDDED 6-23-77						16. DATE T.D. REACHED 6-24-77		17. DATE COMPL. (Ready to prod.) 7-23-77		18. ELEVATIONS (DF, REB, RT, GR, ETC.)* 5578' GR	
20. TOTAL DEPTH, MD & TVD 530'		21. PLUG, BACK T.D., MD & TVD 530'		22. IF MULTIPLE COMPL., HOW MANY*		23. INTERVALS DRILLED BY →		ROTARY TOOLS O-TD		CABLE TOOLS	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 504-530' Pictured Cliffs										25. WAS DIRECTIONAL SURVEY MADE No	
26. TYPE ELECTRIC AND OTHER LOGS RUN None										27. WAS WELL CORED No	
28. CASING RECORD (Report all strings set in well)											
CASING SIZE		WEIGHT, LB./FT.		DEPTH SET (MD)		HOLE SIZE		CEMENTING RECORD		AMOUNT PULLED	
7"		20#		16'		8-3/4"		5 SX		None	
3-1/2"		7.7#		530'		6-1/4"		10 SX		None	
29. LINER RECORD											
SIZE		TOP (MD)		BOTTOM (MD)		SACKS CEMENT*		SCREEN (MD)			
30. TUBING RECORD						SIZE 1-1/4"		DEPTH SET (MD) 495'		PACKER SET (MD) 504'	
31. PERFORATION RECORD (Interval, size and number) None						32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.					
						DEPTH INTERVAL (MD)		AMOUNT AND KIND OF MATERIAL USED			
33. PRODUCTION											
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Flowing									
DATE OF TEST 7-23-77		HOURS TESTED 3		CHOKE SIZE 1/2"		PROD'N. FOR TEST PERIOD →		OIL—BBL. 73 AOF		GAS—MCF. 73 AOF	
FLOW. TUBING PRESS. 88 SI		CASING PRESSURE 88 SI		CALCULATED 24-HOUR RATE →		OIL—BBL. 73 AOF		GAS—MCF. 73 AOF		WATER—BBL. 73 AOF	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)											
35. LIST OF ATTACHMENTS											

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

SIGNED

Thomas A. Dugan

TITLE

Petroleum Engineer

DATE

7-27-77

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

INSTRUCTIONS

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 directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see Item 35.

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 or Federal office for specific instructions.

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.

Items 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.)

37. SUMMARY OF POROUS ZONES:

SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES

FORMATION		TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH	TOP	TRUE VERT. DEPTH
					Sample Tops	484'		
					Fruitland	519'		
					Pictured Cliffs			