

Form 9-331
Dec. 1973Form Approved.
Budget Bureau No. 42-R1424UNITED 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 ☒ other2. NAME OF OPERATOR
Dugan Production Corp.3. ADDRESS OF OPERATOR
P O Box 208, Farmington, NM 874014. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1850' FSL - 790' FEL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

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

REQUEST FOR APPROVAL TO:

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

SUBSEQUENT REPORT

RECEIVED

JUL 25 1983

U. S. GEOLOGICAL SURVEY
FARMINGTON, N. M.

XX Location ready for inspection

5. LEASE
NM 13609

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Dilly9. WELL NO.
#110. FIELD OR WILDCAT NAME
Undesignated Chacra11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 34 T22N R8W12. COUNTY OR PARISH
San Juan13. STATE
NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
6705' GR

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

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.)*

Well plugged and abandoned as reported on our sundry notice dated 4-7-82. Surface rehabilitation requirements for the permanent abandonment of this well location completed, and location is ready for inspection, as reported on our sundry dated 8-6-82.

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 7-20-83

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE

ACCEPTED FOR RECORD

*See Instructions on Reverse Side

NMOCC

FARMINGTON RESOURCE AREA

BY _____