

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM 23470

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Fairway

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Undesignated Gallup

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 1, T23N, R10W, NMPM

12. COUNTY OR PARISH 13. STATE

San Juan

NM

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 "APPLICATION FOR PERMIT—" 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 and in accordance with any State requirements.*
See also space 17 below.)
At surface

660' FSL - 660' FWL

14. PERMIT NO.

15. ELEVATIONS (Show whether OF, RT, GR, etc.)

6798' GL

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other) Spud & surface casing

(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting and 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.)*

MI & RU Four Corners Drilling Co. Rig #9. Spudded 12 1/4" hole at 5:00 PM 1-14-85. Drilled to 195'. Ran 6 jts. 8-5/8" OD, 24#, 8 Rd, ST&C casing. T.E. 175' set at 187' RKB and cemented with 135 sx class "B" plus 2% CaCl₂ (159 cf slurry). P.O.B. at 5:30 PM 1-14-85. Circulated approximately 2 bbls. good cement to surface. W.O.C. 11 1/2 hrs. Pressure tested casing and B.O.P. at 800 psi for 30 min. Held OK.

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

SIGNED Jim L. Jacobs

TITLE Geologist

DATE 1-15-85

(This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE 1-15-85

FARMINGTON RESOURCE AREA

BY Sm

*See Instructions on Reverse Side

NMOC