

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.)

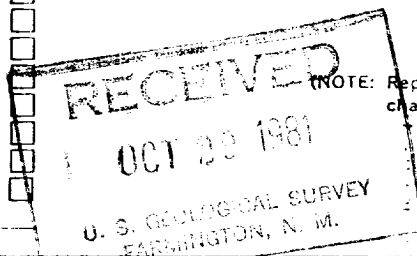
1. oil well ☐ gas well ☒ other ☐
2. NAME OF OPERATOR  
Dugan Production Corp.
3. ADDRESS OF OPERATOR  
Box 208, Farmington, NM 87401
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
1120' FSL - 880' FWL  
AT SURFACE:  
AT TOP PROD. INTERVAL:  
AT TOTAL DEPTH:
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

5. LEASE  
NM 25425
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME  
Grand Gulch
9. WELL NO.  
#1
10. FIELD OR WILDCAT NAME  
Wildcat PC
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec 6 T24N R7W
12. COUNTY OR PARISH  
Rio Arriba
13. STATE  
NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDS, AND WD)  
7085' EGL

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) Additional Testing

SUBSEQUENT REPORT OF:



(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.)\*

Request permission to conduct additional swabbing and evaluation.  
We feel that this well is capable of producing significant quantities  
of natural gas with more swabbing and testing.



Subsurface Safety Valve: Manu. and Type

Set @ Ft.

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

SIGNED Thomas A. Dugan TITLE Petroleum Engineer DATE 10-28-81

(This space for Federal or State office use)  
APPROVED BY Dean Elliott TITLE For ACTING SUPERVISOR DATE OCT 29 1981  
CONDITIONS OF APPROVAL, IF ANY: