

Form Approved.  
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 87401

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) 1850' FNL - 1850' FEL

AT SURFACE:

AT TOP PROD. INTERVAL:

AT TOTAL DEPTH:

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

REQUEST FOR APPROVAL TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>
(other)	

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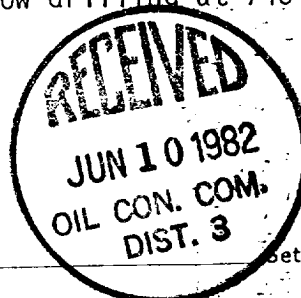
☐ XX Surface casing and cement

(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.)\*

6-7-82

MI & RU Salazar Drlg. Rig #4. Spudded 12 $\frac{1}{4}$ " hole at 8:00 a.m.  
6-6-82. Drilled to 115'. Ran 4 jts. 7" O.D., 20#, 8Rd, ST&C  
casing. T.E. 111' set at 112' G.L. Cemented with 75 sx class  
"B" plus 2% CaCl. (88.5 cu.ft. slurry). P.O.B. at 11:30 a.m.  
6-6-82. Cement circulated. Now drilling at 740' with water.



Subsurface Safety Valve: Manu/and Type

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

SIGNED

**TITLE**

Petroleum Engineering

6-7-82

(This space for Federal or State office use)

APPROVED BY

**TITLE**

DATE \_\_\_\_\_

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

**NMOCC**

54