

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.)  
AT SURFACE: 1650' FSL - 1190' FWL  
AT TOP PROD. INTERVAL:  
AT TOTAL DEPTH:

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

5. LEASE  
NM 25433

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
Sixteen G's

9. WELL NO.  
2

10. FIELD OR WILDCAT NAME  
Wildcat PC - Chacra

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec 7 T24N R9W

12. COUNTY OR PARISH  
San Juan

13. STATE  
NM

14. API NO.

15. ELEVATIONS (SHOW DF., KDB, AND WD)  
6874' GR

## 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) Plug back

## SUBSEQUENT REPORT OF:

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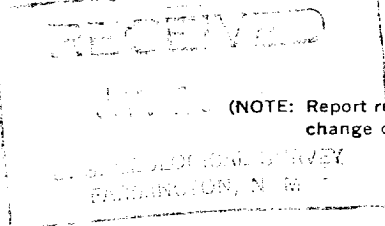
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(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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 plug back Chacra Formation by using 5 sx cement, displacing 2-7/8" O.D. 6.4#, CW-55, 10R, NEUE casing with wiper plug followed by water to 2100'. Then plan to selectively perforate the Upper Chacra Formation intervals 1941-48, 1958-68, a total of 17 ft., 1 SPF. If deemed productive, will complete well.

Cement plug to come 100' above top perforation in lower chacra and cover perforations in lower chacra.

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 1-25-82

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE [Signature] DATE 1-25-82  
CONDITIONS OF APPROVAL, IF ANY:

NMOCC