

5 MMS, Fmn 1 NWPL 2 Wexpro 1 File
SUBMIT IN DUPLICATE*
(See other instructions on reverse side)
UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY1 TR
Form Approved
Budget Bureau No. 42-R355.5.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL: OIL WELL ☐ GAS WELL ☒ DRY ☐ Other <u>Plan to Pad</u>		5. LEASE DESIGNATION AND SERIAL NO. <u>NM 16589</u>	
b. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other _____		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR <u>DUGAN PRODUCTION CORP.</u>		7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR <u>P O Box 208, Farmington, NM 87401</u>		8. FARM OR LEASE NAME <u>Mountain</u>	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface <u>1850' FSL - 850' FWL</u> At top prod. interval reported below At total depth		9. WELL NO. <u>4</u>	
14. PERMIT NO. _____ DATE ISSUED <u>9-2-76</u>		10. FIELD AND POOL, OR WILDCAT <u>Undesignated P.C.</u>	
15. DATE SPUDDED <u>10-9-76</u>		11. SEC. T., R., M., OR BLOCK AND SURVEY OR AREA <u>Sec 14 T24N R8W</u>	
16. DATE T.D. REACHED <u>10-17-76</u>		12. COUNTY OR PARISH <u>San Juan</u>	
17. DATE COMPL. (Ready to prod.) <u>11-17-76</u>		13. STATE <u>NM</u>	
18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* <u>6900' GL - RKB</u>		19. ELEV. CASINGHEAD <u>6900' GL</u>	
20. TOTAL DEPTH, MD & TVD <u>2222'</u>		21. PLUG, BACK T.D., MD & TVD <u>2163'</u>	
22. IF MULTIPLE COMPL., HOW MANY* <u>single</u>		23. INTERVALS DRILLED BY <u>TD</u>	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* <u>2063-2068', Pictured Cliffs</u>		25. WAS DIRECTIONAL SURVEY MADE <u>No</u>	
26. TYPE ELECTRIC AND OTHER LOGS RUN <u>IES, GR correlation</u>		27. WAS WELL CORED <u>No</u>	
28. CASING RECORD (Report all strings set in well)			
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE
7"	20	67' RKB	8-3/4"
2-7/8"	6.5	2215' RKB	4-3/4"
		CEMENTING RECORD	
		35 sx neat + 2% CaCl	
		60 sx BJ pozmix w/ 1/4# cel	
		flk/sk + 50 sx neat w/ 4% gel	
		& 1/4# cello clk/sk	
		AMOUNT PULLED	

29. LINER RECORD			
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*
None			
30. TUBING RECORD			
SIZE	DEPTH SET (MD)	PACKER SET (MD)	
None			
31. PERFORATION RECORD (Interval, size and number) <u>2063-2068', 10 shots</u>			
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.			
DEPTH INTERVAL (MD)		AMOUNT AND KIND OF MATERIAL USED	
2063-68		250 gal 15% HCL, 10,900# 10-20	
		sd; 16,800 gal water, 33.6# FR-2X;	
		12.6 gal FSF	
33.* PRODUCTION			
DATE FIRST PRODUCTION <u>10-23-76</u>		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) <u>flowing</u>	
WELL STATUS (Producing or shut-in) <u>ABO 9-30-82</u>			
DATE OF TEST <u>11-17-76</u>	HOURS TESTED <u>3 hrs</u>	CHOKER SIZE <u>---</u>	PROD'N. FOR TEST PERIOD <u>---</u>
FLOW. TUBING PRESS. <u>zero</u>	CASING PRESSURE <u>zero</u>	CALCULATED 24-HOUR RATE <u>---</u>	OIL—BBL. <u>---</u>
		GAS—MCF. <u>---</u>	
		WATER—BBL. <u>56</u>	
		OIL GRAVITY-API (CORR.) <u>---</u>	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) <u>Plan to squeeze & rework well when we get pipeline in area.</u>			
TEST WITNESSED BY <u>Dugan</u>			
35. LIST OF ATTACHMENTS			
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records.			
SIGNED <u>Thomas A. Dugan</u>		TITLE <u>Petroleum Engineer</u>	
DATE <u>6-16-82</u>		FILED <u>20 1982</u>	

*(See Instructions and Spaces for Additional Data on Reverse Side)

NMOCC

General: This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See instructions on items 22 and 24, and 23, below regarding separate reports for separate completions. If not filed prior to the time this document is submitted, the following instructions apply.

tion and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see item 35.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. (Consult local State or Federal office for specific instructions).

Item 18: Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments.

interval, or intervals, top(s), bottom(s) and name(s) (if any) for the interval reported in item 33. Submit a separate report (page) on this form, adequately identified, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

Item 33: Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

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