

5 USGS, Fmn
UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

1 NWPL

2 MF

1 File

Form Approved.
Budget Bureau No. 42-R1424

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.)
AT SURFACE: 1850' FSL - 850' FWL
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 ☐ ☐
FRACTURE TREAT ☐ ☐
SHOOT OR ACIDIZE ☐ ☐
REPAIR WELL ☐ ☐
PULL OR ALTER CASING ☐ ☐
MULTIPLE COMPLETE ☐ ☐
CHANGE ZONES ☐ ☐
ABANDON* ☐ ☒
(other) _____

5. LEASE
NM 16589
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Mountain
9. WELL NO.
4
10. FIELD OR WILDCAT NAME
Undesignated - PC
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 14 T24N R8W
12. COUNTY OR PARISH
San Juan
13. STATE
NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
6900' GL

(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.)*

Plugged and abandoned as follows:

9-30-82

1. Filled 2-7/8" OD, 6.5#, J-55, 8R, "B" tubing for casing using 44 sx class "B" neat cement, displaced with 1 bbl. fresh water. Closed valve.
2. Installed permanent dry hole monument.
3. Filled all pits.
4. Cleaned well location of all equipment, pipe, junk, and trash.
5. Will perform surface restoration as specified by the surface management agency or landowner next planting season.
6. Cut off tie-downs.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED _____ TITLE Geologist

DATE 10-4-82

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

OIL CON. DIV.
DIST. 3