

**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: 1850' FSL - 800' 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:

TEST WATER SHUT-OFF ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☐REPAIR WELL ☐PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐CHANGE ZONES ☐ABANDON* ☐(other) Completion

SUBSEQUENT REPORT OF:

RECEIVED**MAR 26 1980**U. S. GEOLOGICAL SURVEY
FARMINGTON, N. M.

5. LEASE

NM 4958

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

April Surprise

9. WELL NO.

#2

10. FIELD OR WILDCAT NAME

Basin Dakota

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec 30 T24N R9W

12. COUNTY OR PARISH 13. STATE

San JuanNM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)

6975' 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.)*

Ran gamma ray correlation and collar log. Perf w/1 jet shot per foot 6118-6128'. Ran Baker Model "R" packer on 2-3/8" tbg. Set packer @ 6094' w/tbg @ 6134'. Acidized perfs by Western Co. w/300 gal 15% HCl reg acid. Breakdown pressure 5000 psi. Treating pressure 2500 psi @ 2 B/M. ISDP 1700 psi. 10 min std press 250 psi. Swabbed well 10' Well gauged 969 MCFGPD after flowing to pit for 21-1/2 hrs. Shut well in for IP test.

Subsurface Safety Valve: Manu. and Type _____

Set @ _____ Ft.

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

SIGNED

Jim L. JacobsTITLE Geologist

DATE

3-26-80

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

FARMINGTON DISTRICT

BY

M. L. Kuchera**NMOCCI**