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 87499

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 790' FNL - 790' FWL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

5. LEASE
NM 14443

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Oscar the Grouch

9. WELL NO.
1

10. FIELD OR WILDCAT NAME
WC Undesignated Chacra

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 14 T24N R11W

12. COUNTY OR PARISH
San Juan

13. STATE
NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
6574' GL

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) _____

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

RECEIVED
JUN 27 1984
BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

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 well as follows: 5-4-84

1. Filled 2-7/8" O.D., 6.5#, 8 Rd, EUE tubing for casing from PBTD 1773' to surface using 49 sx class "B" neat cement.
2. Installed permanent dry hole monument.
3. Filled all pits.
4. Cleaned well location of all equipment, pipe, junk and trash.
5. Restored surface per surface management agency guidelines.
6. Removed all tie-downs.

RECEIVED
JUL 03 1984
OIL CON. DIV
DIST.

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 _6-25-84_
Sherman E. Dugan

(This space for Federal or State office use)

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

NMOCC
*See Instructions on Reverse Side