

6 BLM, Fmn 1 File

Form Approved.
Budget Bureau No. 42-R1424

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 ☒ gas ☐ other ☐
well well
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: 620' FSL - 620' 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) ☐

RECEIVED
JUL 6 1984
FARMINGTON RESOURCE AREA
XX Spud & Surface casing

5. LEASE
NM 21741
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Silver Medal
9. WELL NO.
1
10. FIELD OR WILDCAT NAME
Undesignated Gallup
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 27, T24N, R10W, NMPM
12. COUNTY OR PARISH 13. STATE
San Juan NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
6645' GL; 6657' RKB

(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.)*

7-27-84 MI & RU Four Corners Drilling Co. Rig #8. Spudded 12 1/4" hole at 2:30 p.m. 7-26-84. Drilled to 210'. Ran 7 jts. 8-5/8" O.D., 24#, 8 Rd, ST&C casing. T.E. 189' set at 201' RKB. Cemented with 205 sx class "B" plus 2% CaCl₂ (242 cf). Good cement to surface. P.O.B. at 4:30 p.m. 7-26-84. (Note: Tested BOP and surface casing to 800 psi for 30 minutes before drilling out. Held OK.)

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AUG 01 1984
OIL CON. DIV.
DIST. 2

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

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

SIGNED Jim L. Jacobs TITLE Geologist DATE 7-27-84

(This space for Federal or State office use)

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

JUL 31 1984

NMOCC

*See Instructions on Reverse Side

FARMINGTON RESOURCE AREA

RY Sam