

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 ☐
well 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: 1570' FNL - 1030' FEL
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	<input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	<input type="checkbox"/>
(other)	<input type="checkbox"/>	<input checked="" type="checkbox"/> Status report per your request

5. LEASE
NM 28709

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Divide

9. WELL NO.
#1

10. FIELD OR WILDCAT NAME
Undesignated Mancos

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 35 T26N R2W

12. COUNTY OR PARISH
Rio Arriba

13. STATE
NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
7795' 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.)*

4-28-82 MI & RU Hinson Service Co. swabbing unit. Casing pressure 1575 psi. Tbg. pressure 1425 psi. Blew tbg. down. Did not unload. Made 9 swab runs; well kicked off. Flowed well to tank 2 hrs. Made 48 bbls. water & 2½ bbls oil. Casing pressure decreased to 1300 psi. Well died. S.I. overnight.

4-29-82 Casing pressure 1500 psi. Tubing pressure TSTM. Fluid level 1200'. Made 8 swab runs to pit - 100% water. Well kicked off. Flowed to pit ½ hr. Turned to tank and left on. Released swabbing unit. Left open. Checked well at 8:00 p.m. Well dead. Will swab well again after pressure build up.

Subsurface Safety Valve: Manu. and Type

Set @

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

SIGNED Jim L. Jacobs Geologist DATE 5-13-82

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

NMOCC

ACCEPTED FOR RECORD

MAY 20 1982

FARMINGTON DISTRICT

