

5 BLM, Fmn

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 87499
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1980' FNL - 660' FWL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

5. LEASE
078228-B
-
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
-
7. UNIT AGREEMENT NAME
-
8. FARM OR LEASE NAME
Bedford
-
9. WELL NO.
1
-
10. FIELD OR WILDCAT NAME
Bisti Gallup
-
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 15, T25N R11W, NMPM
-
- | | |
|----------------------------------|-----------------|
| 12. COUNTY OR PARISH
San Juan | 13. STATE
NM |
|----------------------------------|-----------------|
-
14. API NO.
-
15. ELEVATIONS (SHOW DF, KDB, AND WD)
6355' GI

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>
REPAIR WELL	XX <input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>
(other)	

SUBSEQUENT REPORT OF:

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NT REPORT OF:

RECEIVED

FEB 10 1984

(MODE) RepdA
chang

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE ATTEMPT

(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.)*

Plan to locate hole in casing, cement squeeze hole, drill out and put well back on production.

RECEIVED

FEB 16 1984

OIL CON. DIV.
DIST. 3

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 2-9-84

(This space for Federal or State office use)

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

MMDC

*See Instructions on Reverse Side

APPROVED

FEB 14 1984
 M. MILLENBACH
 AREA MANAGER