

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other in-
structions on
reverse side)Form approved.
Budget Bureau No. 42-R355.5.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL:		OIL WELL ☐	GAS WELL ☒	DRY ☐	Other _____	5. LEASE DESIGNATION AND SERIAL NO. NM 0558240	
b. TYPE OF COMPLETION:		NEW WELL ☒	WORK OVER ☐	DEEP-EN ☐	PLUG BACK ☐	DIFF. RESVR. ☐	Other _____
2. NAME OF OPERATOR Dugan Production Corp.						7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR Box 234, Farmington, NM 87401						8. FARM OR LEASE NAME County Seat	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 1450' FSL - 1850' FEL At top prod. interval reported below At total depth						9. WELL NO. 2	
14. PERMIT NO.						10. FIELD AND POOL, OR WILDCAT Undesignated - PC	
DATE ISSUED						11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA Sec 21, T26N, R12W	
15. DATE SPUDDED 10-4-75		16. DATE T.D. REACHED 10-8-75		17. DATE COMPL. (Ready to prod.) 10-20-75		12. COUNTY OR PARISH San Juan	
18. ELEVATIONS (IF, RKB, RT, GR, ETC.)* 6057' GR		19. ELEV. CASINGHEAD		13. STATE NM			
20. TOTAL DEPTH, MD & TVD 1225'		21. PLUG, BACK T.D., MD & TVD 1194'		22. IF MULTIPLE COMPL., HOW MANY*		23. INTERVALS DRILLED BY 0-1225'	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 1123' - 1136' Pictured Cliffs						25. WAS DIRECTIONAL SURVEY MADE No	
26. TYPE ELECTRIC AND OTHER LOGS RUN Gamma-Ray Correlation and Induction Electric						27. WAS WELL CORED No	
28. CASING RECORD (Report all strings set in well)							
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED		
5-1/2"	14#	30'	7-7/8"	5 sx	None		
2-7/8"	6.5#	1207'	4-3/4"	50 sx	None		
29. LINER RECORD							
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	30. TUBING RECORD		
					SIZE	DEPTH SET (MD)	PACKER SET (MD)
					1-1/4"	1129'	
31. PERFORATION RECORD (Interval, size and number) One jet/ft 1123-1128' and 1131-1136'				32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.			
DEPTH INTERVAL (MD)				AMOUNT AND KIND OF MATERIAL USED			
33. PRODUCTION							
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Flowing				WELL STATUS (Producing or shut-in) Shut-in	
DATE OF TEST 10-20-75	HOURS TESTED 3	CHOKE SIZE 5/8"	PROD'N. FOR TEST PERIOD →	OIL—BBL. →	GAS—MCF. 109 AOF	WATER—BBL. →	GAS-OIL RATIO
FLOW. TUBING PRESS. 204 SI	CASING PRESSURE 228 SI	CALCULATED 24-HOUR RATE →	OIL—BBL. →	GAS—MCF. 109 AOF	WATER—BBL. →	OIL GRAVITY-API (CORR.)	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)						TEST WITNESSED BY OCT 24 1975	
35. LIST OF ATTACHMENTS							
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records							
SIGNED Thomas A. Dugan		TITLE Engineer		DATE 10-23-75			

*(See Instructions and Spaces for Additional Data on Reverse Side)

INSTRUCTIONS

General: This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See instructions on items 22 and 24, and 33, below regarding separate reports for separate completions.

If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, all types electric, etc.), formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see item 35.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 18: Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments.

Items 22 and 24: If this well is completed for separate production from more than one interval zone (multiple completion), so state in item 22, and in item 24 show the producing interval, or intervals, top(s), bottom(s) and name(s) (if any) for only the interval reported in item 33. Submit a separate report (page) on this form, adequately identified, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

Item 29: "Sticks Cement": Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool.

Item 33: Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

37. SUMMARY OF PREVIOUS ZONES:

SHOW ALL INTERVAL ZONES OF POROSITY AND CONTENTS THEREOF, CORED INTERVALS, AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES

FORMATION TOP BOTTOM DESCRIPTION, CONTENTS, ETC.

38.

GEOLOGIC MARKERS

NAME

MEAS. DEPTH TRUE VERT. DEPTH

Log Tops

Kirtland

198'

Fruitland

822'

Pictured Cliffs

1121'