

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 87409

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 1650' FNL - 1850' FNL  
AT TOP PROD. INTERVAL:  
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐  
FRACTURE TREAT ☐  
SHOOT OR ACIDIZE ☐  
REPAIR WELL ☐  
PULL OR ALTER CASING ☐  
MULTIPLE COMPLETE ☐  
CHANGE ZONES ☐  
ABANDON\* ☐  
(other) ☐

SUBSEQUENT REPORT OF:

☐  
☐  
☐  
☐  
☐  
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☐  
☐  
☐  
☒

XX Spud & Surface Casing

RECEIVED

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

BUREAU OF LAND MANAGEMENT  
FARMINGTON, NEW MEXICO

5. LEASE  
NM 37908

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
Bronco

9. WELL NO.  
1

10. FIELD OR WILDCAT NAME  
WAW Fruitland - PC Ext.

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec. 4, T25N, R12W, NMPM

12. COUNTY OR PARISH  
San Juan

13. STATE  
NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)  
5964' GL

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.)\*

9-29-84

M.I. & R.U. Morrow Drilling Company rig. Spudded an 8-3/4" hole at 2:00 P.M. on 9-28-84. Ran 3 jts. 7" OD, 20#, 8 Rd, ST&C casing (T.E. 95.65') set at 97' GL. Cemented with 35 sks class "B" (total slurry 41.3 cf). P.O.B. at 5:00 P.M. on 9-28-84. Circulated approx. 2 bbls. cement to surface.

Subsurface Safety Valve: Manu. and Type

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

SIGNED Jim L. Jacobs TITLE Geologist DATE 10-1-84

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY: