

SUBMIT IN DUPLICATE*

(See other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R35545.

1a. TYPE OF WELL:		OIL WELL <input type="checkbox"/>		GAS WELL <input checked="" type="checkbox"/>		DRY <input type="checkbox"/>		Other _____							
b. TYPE OF COMPLETION:															
NEW WELL <input type="checkbox"/>		WORK OVER <input type="checkbox"/>		DEEP-EN <input type="checkbox"/>		PLUG BACK <input type="checkbox"/>		DIFF. RESVR. <input type="checkbox"/>		Other <u>P&A 1-17-75</u>					
2. NAME OF OPERATOR															
<u>Dugan Production Corp.</u>															
3. ADDRESS OF OPERATOR															
<u>Box 234, Farmington, New Mexico 87401</u>															
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*															
At surface <u>990' FNL — 1650' FWL</u>															
At top prod. interval reported below															
At total depth															
14. PERMIT NO.					DATE ISSUED										
5. DATE SPUDDED		16. DATE T.D. REACHED		17. DATE COMPL. (Ready to prod.)		18. ELEVATIONS (DF, REB, RT, GR, ETC.)*		19. ELEV. CASINGHEAD							
20. TOTAL DEPTH, MD & TVD		21. PLUG, BACK T.D., MD & TVD		22. IF MULTIPLE COMPL., HOW MANY*		23. INTERVALS DRILLED BY		ROTARY TOOLS		CABLE TOOLS					
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*										25. WAS DIRECTIONAL SURVEY MADE					
<u>P&A</u>															
26. TYPE ELECTRIC AND OTHER LOGS RUN										27. WAS WELL CORED					
28. CASING RECORD (Report all strings set in well)															
CASINO SIZE		WEIGHT, LB./FT.		DEPTH SET (MD)		HOLE SIZE		CEMENTING RECORD		AMOUNT PULLED					
29. LINER RECORD						30. TUBING RECORD									
SIZE		TOP (MD)		BOTTOM (MD)		SACKS CEMENT*		SCREEN (MD)		SIZE		DEPTH SET (MD)		PACKER SET (MD)	
31. PERFORATION RECORD (Interval, size and number)						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)													
DATE OF TEST		HOURS TESTED		CHOKE SIZE		PROD'N. FOR TEST PERIOD		OIL—BBL.		GAS—MCF.		WATER—BBL.		GAS-OIL RATIO	
FLOW. TUBING PRESS.		CASING PRESSURE		CALCULATED 24-HOUR RATE		OIL—BBL.		GAS—MCF.		WATER—BBL.		OIL GRAVITY-API (CORR.)			
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)												TEST WITNESSED BY			
<u>P&A</u>															
35. LIST OF ATTACHMENTS															

38. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

SIGNED

TITLE

Geologist

DATE _____

4-4-75

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