

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-B1424.

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 "APPLICATION FOR PERMIT—" for such proposals.)

| | | | |
|---|--|--|-----------------|
| 1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER | | 5. LEASE DESIGNATION AND SERIAL NO. NM 0553184 | |
| 2. NAME OF OPERATOR Dugan Production Corp. | | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME | |
| 3. ADDRESS OF OPERATOR Box 234, Farmington, NM 87401 | | 7. UNIT AGREEMENT NAME | |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1615' FNL - 920' FWL | | 8. FARM OR LEASE NAME Ojo-He-He | |
| 14. PERMIT NO. | | 9. WELL NO. 2 | |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6134' GR | | 10. FIELD AND POOL, OR WILDCAT WAW - Pictured Cliffs | |
| | | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 33, T27N, R13W | |
| | | 12. COUNTY OR PARISH San Juan | 13. STATE NM |

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

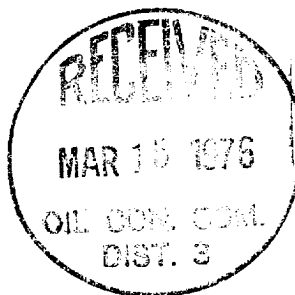
| NOTICE OF INTENTION TO: | | SUBSEQUENT REPORT OF: | |
|--|---|--|--|
| TEST WATER SHUT-OFF <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> | WATER SHUT-OFF <input type="checkbox"/> | REPAIRING WELL <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/> | MULTIPLE COMPLETE <input type="checkbox"/> | FRACTURE TREATMENT <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/> | ABANDON* <input type="checkbox"/> | SHOOTING OR ACIDIZING <input type="checkbox"/> | ABANDONMENT* <input type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> | (Other) <input type="checkbox"/> | Running Tubing <input checked="" type="checkbox"/> |

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.)*

3-9-76

Moved in and rigged up Farmington Well Service swabbing unit. Ran 40 jts 1-1/4" OD 2.4# CW-55 10R EUE "B" condition tbq, TE 1271.18' set @ 1271' w/ cross pin on btm. Rigged down swabbing unit.



RECEIVED

MAR 12 1976

U. S. GEOLOGICAL SURVEY

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

SIGNED Thomas A. Dugan TITLE Engineer DATE 3-10-76
(This space for Federal or State office use)

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