

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

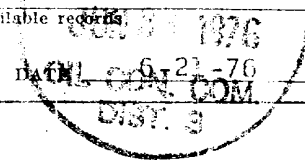
SUBMIT IN DUPLICATE\*

(See other in-  
structions on  
reverse side)Form approved,  
Budget Bureau No. 42-R755.5.

## WELL COMPLETION OR RECOMPLETION REPORT AND LOG \*

1a. TYPE OF WELL: OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> DRY <input type="checkbox"/> Other _____				5. LEASE DESIGNATION AND SERIAL NO. NM-7276	
b. TYPE OF COMPLETION: NEW WELL <input checked="" type="checkbox"/> WORK OVER <input type="checkbox"/> DEEP-EN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> DIFF. RESVR. <input type="checkbox"/> Other _____				6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
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 Ojo-Ho	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements) At surface 1850' FSL - 1000' FEL At top prod. interval reported below At total depth				9. WELL NO. 1	
10. FIELD AND POOL OR WILDCAT EAW - Pictured Cliffs				11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA Sec 31, T27N, R13W	
14. PERMIT NO.				DATE ISSUED	
15. DATE SPUDDED 9-15-75		16. DATE T.D. REACHED 3-12-76		17. DATE COMPL. (Ready to prod.) 6-4-76	
18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 6161' GR		19. ELEV. CASINGHEAD			
20. TOTAL DEPTH, MD & TVD 1864'		21. PLUG, BACK T.D., MD & TVD 1400'		22. IF MULTIPLE COMPL., HOW MANY*	
23. INTERVALS DRILLED BY →		ROTARY TOOLS 0-1864'		CABLE TOOLS	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 1256-1306' Pictured Cliffs				25. WAS DIRECTIONAL SURVEY MADE No	
26. TYPE ELECTRIC AND OTHER LOGS RUN Induction Electric Log				27. WAS WELL CORED No	
28. CASING RECORD (Report all strings set in well)					
CASING SIZE		WEIGHT, LB./FT.		DEPTH SET (MD)	
5-1/2"		14#		35'	
2-7/8"		6.5#		1844'	
29. LINER RECORD					
SIZE		TOP (MD)		BOTTOM (MD)	
30. TUBING RECORD					
SIZE		DEPTH SET (MD)		PACKER SET (MD)	
1-1/4"		1240'			
31. PERFORATION RECORD (Interval, size and number)					
One jet/ft 1256-1270'		Two jets/ft 1280-1306'			
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.					
DEPTH INTERVAL (MD)		AMOUNT AND KIND OF MATERIAL USED			
		See completion report for detailed frac information			
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 6-4-76		HOURS TESTED 3		CHOKER SIZE 5/8"	
PROD'N. FOR TEST PERIOD →		OIL—BBL. 184 AOF		GAS—MCF. 184 AOF	
FLOW. TUBING PRESS. ---		CASING PRESSURE 235 SI		CALCULATED 24-HOUR RATE →	
OIL—BBL. 184 AOF		GAS—MCF. 184 AOF		WATER—BBL.	
OIL GRAVITY-API (CORR.)					
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)					
TEST WITNESSED BY					
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			

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



**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 32, 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 logs, 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 32.

Item 4: If there are no applicable State requirements, beacons 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.

Item 29: Attach additional interval to be separately produced, showing the additional data pertinent to such interval.

Item 32: *Stocks Completed?* 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.)

STUDY OF IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORED INTERVALS, AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CRUISE LOG, OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES

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