

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUMMARY NOTICES AND REPORTS ON WELLS

1. ☒ 833
2. NAME OF OPERATOR
Dugan Production Corp.
3. ADDRESS OF OPERATOR
Box 208, Farmington, NM 87401
4. LOCATION OF WELL (REPORT LOCATION CLEARLY - SEE SPACE 17)
790' FSL - 790' FWL
AT SURFACE:
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE.
REPORT, OR OTHER DATA

- EFFECTIVE FOR APPROVAL TO:
TEST WATER SHUT-OFF
FRACULATIVE TREAT
SHUT-IN OR ACIDIZE
REPAIR WELL
PULL OR ALTER CASING
MULTIPLE COMPLETE
CHANGE ZONES
ABANDON
SUBSEQUENT REPORT OF:
XX Status

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Lucky Billy Charlie
9. WELL NO.
#1
10. FIELD OR WILDCAT NAME
WAB FR PC
11. SEC., T., R., M., OR BLK. AND SURVEY OF
AREA
Sec 22 T27N R13W
12. COUNTY OR PARISH
San Juan
13. STATE
NM
14. API NO.
15. ELEVATIONS (SHOW DF, KOB, AND WD)
6092' GL

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

ILLEGIBLE

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent data, 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.)*

9-2-82 MI & RU Hinson Service Co. and prepare to swab 2-7/8" casing. SICP 40 psi. Fluid level first swab run at 400' above perfs. Swabbed well dry in 2 swab runs. Waited 30 mins. Made third swab run. No fluid entry. Trace of gas ahead of swab.

Plan to frac well.



Subsurface Safety Valve: Make and Type _____ Set _____ Ft.

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

SIGNED _____ TITLE Petroleum Engineer DATE 9-9-82
Thomas A. Dugan
(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONTINUATION OF APPROVAL, IF ANY

ACCEPTED FOR RECORD

SEP 17 1982

*See instructions on back of this form

NM000

FARMINGTON
BY SMM