

Form 9-331
Dec. 1973

Form Approved.

Budget Bureau No. 42-R1424

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.)

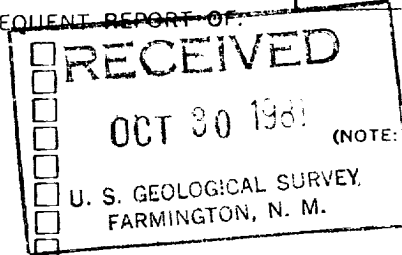
1. oil ☐ gas ☒ other ☐
2. NAME OF OPERATOR
Dugan Production Corp.
3. ADDRESS OF OPERATOR
Box 208, Farmington, NM 87401
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
810' FSL - 810' FEL
AT SURFACE:
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:
16. CHECK APPROPRIATE BOX TO INDICATE NATURE 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* ☐

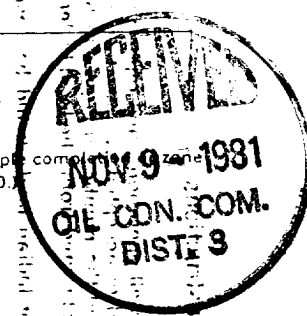
(other) Additional Testing

SUBSEQUENT REPORT OF:



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

5. LEASE
NM 25454
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Piney
9. WELL NO.
#2
10. FIELD OR WILDCAT NAME
WAW Fruitland PC
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 9 T27N R13W
12. COUNTY OR PARISH
San Juan
13. STATE
NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
5986' 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.)*

Request permission to conduct additional swabbing and evaluation.
We feel that this well is capable of producing significant quantities
of natural gas with more swabbing and testing.

Subsurface Safety Valve Make and Type

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

SIGNED Thomas A. Dugan TITLE Petroleum Engineer DATE 10-30-81

(This space for Federal or State office use)

RAYMOND W. VINYARD

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE ACTING DISTRICT SUPERVISOR DATE