

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other in-
structions on
reverse side)Form approved.
Budget Bureau No. 42-R355.5.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1. 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 25454																															
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 208, Farmington, NM 87401		8. FARM OR LEASE NAME Piney																															
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements) At surface 790' FSL - 1750' FWL At top prod. interval reported below At total depth		9. WELL NO. #1																															
14. PERMIT NO.		10. FIELD AND POOL, OR WILDCAT WAW FR PC																															
15. DATE SPUDDED 6-28-80		11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA Sec 4 T27N R13W																															
16. DATE T.D. REACHED 7-1-80		12. COUNTY OR PARISH San Juan																															
17. DATE COMPL. (Ready to prod.) 7-25-80		13. STATE NM																															
18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 5942' GL		19. ELEV. CASINGHEAD																															
20. TOTAL DEPTH, MD & TVD 1520'		21. PLUG, BACK T.D., MD & TVD 1449'																															
22. IF MULTIPLE COMPL., HOW MANY? Single - Gas		23. INTERVALS DRILLED BY ROTARY TOOLS CABLE TOOLS 0-ID																															
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 1362-65 1375-83 Pictured Cliffs		25. WAS DIRECTIONAL SURVEY MADE No																															
26. TYPE ELECTRIC AND OTHER LOGS RUN Southwest Surveys gamma ray density		27. WAS WELL CORRED No																															
28. CASING RECORD (Report all strings set in well)																																	
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1362-65 1375-83 2-1/8" glass jets w/1 spf																																	
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.																																	
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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 <u>Jim L. Jacobs</u> TITLE <u>Geologist</u> DATE <u>8-4-80 1980</u>																																	

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

NMOCC

BY

INSTRUCTIONS

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 38, 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 tests, 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 35.

Item 4: If there are no applicable State requirements, locations 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 38. Submit a separate report (page) on this form, adequately identified, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

Item 29: "Sacks Cement": 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.)

37. SUMMARY OF POROUS ZONES: SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES			
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.
38. GEOLOGIC MARKERS			
NAME		MEAS. DEPTH	
Log Tops		TRUE VERT. DEPTH	
Kirtland		156'	
Fruitland		1188'	
Pictured Cliffs		1362'	