5 BLM, Fmn 1 File

Form Approved.

UNITED STATES						
DEPARTMENT	OF	THE	INTERIOR			
GEOLOGI	CAL	SUR	VEY			

SUNDRY NOTICES AND REPORTS ON WELLS

		Budget Bureau No. 42-R1424					
	5.	LEASE	:				
		NM 33040			1		
	6.	IF INDIAN, ALLO	TTE	E OR 1	RIBE	NAM	E.
_		·		,	٠.		
	7.	UNIT AGREEME	NT N	IAME		-	
t			: -	::	-	-	
_	8.	FARM OR LEASE	ENA	ME			
		Faith			•		
	9.	WELL NO.		a/ a			
		4 .			:	- '	•
	10.	FIELD OR WILD	CAT	NAME			
		WAW Pictur	ed	Clif	fs		
	11.	SEC., T., R., M.,	OR	BLK. A	ND:	SURVI	EY OR
,		AREA		• •	••	.5 (5 ⁽¹⁾	•
		Sec. 18 T2					
	12.	COUNTY OR PA	RISH	13.	STA	ΓE	-
		San Juan 🖟	-	:	⁵ NM		~
_	14.	API NO.			==		
				_			_

(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.)	
	8. FARM OR LEASE NAME
1. oil gas well other	<u>Faith</u>
	9. WELL NO.
2. NAME OF OPERATOR	4
DUGAN PRODUCTION CORP.	10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR	WAW Pictured Cliffs
P O Box 208, Farmington, NM 87499	11. SEC., T., R., M., OR BLK. AND SURVEY OR
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	AREA
below.) AT SURFACE: 1850' FSL - 1850' FWL	Sec. 18 T27N R13W
	12. COUNTY OR PARISH 13. STATE
AT TOP PROD. INTERVAL: AT TOTAL DEPTH:	San Juan NM
	14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	
REPORT, OR OTHER DATA	15 ELEVATIONS (SHOW DF, KDB, AND WD)
DECUEST FOR ADDROVAL TO THE TOTAL TH	6075' GL; GL = RKB
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORTED FRACTURE TREAT	OUS GE, GE - KKB
TEST WATER SHUT-OFF RECEIVE	
FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL REPAIR WELL REPAIR OR ALTER CASING	83
REPAIR WELL	
PULL OR ALTER CASING	(NOTE: Report results of multiple completion or zone SURVEY change on Farm 9-330.)
MULTIPLE COMPLETE	N. M.
MULTIPLE COMPLETE	
	그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그
(other) XX Spud and surf	ace casing
T DECORIDE PROCESSES	
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state including estimated date of starting any proposed work. If well is a	all pertinent details, and give pertinent dates,

ed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Moved in and rigged up Morrow Drilling Rig #1. -Spudded 8-3/4" hole at 12:00 noon $\underline{5-17-83}$. Drilled to 82'. Ran 5-18-83 2 joints 7" 0.D., 23#, 8 rd, ST&C casing. T.E. 80.55 set at 81' GL. Cemented with 35 sx class "B" neat (41 cf). Good circulation while cementing. Cement circulated to surface. P.O.B. at 4:45 p.m. 5-17-83. Shut in for night.

Subsurface Safety Valve: Manu. and Typ	CON. DIV Set @ Ft.			
18. I hereby certify that the foregoing is	true and correct		5-18-83	_ r .
Jim L. Jac	ODS (This space for Federal or State office		AGGEPTEN FOR R	ECORD
APPROVED BYCONDITIONS OF APPROVAL, IF ANY:	TITLE	DATE	JUN 01 198	3