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.)
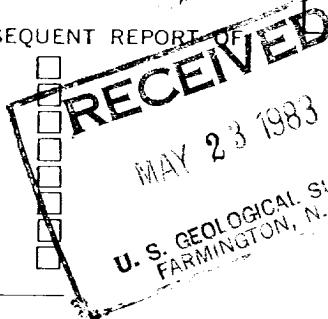
1. oil well ☐ gas well ☒ other

2. NAME OF OPERATOR
** DUGAN PRODUCTION CORP. **

3. ADDRESS OF OPERATOR
P O Box 208, Farmington, NM 87499

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1120' FNL - 790' FEL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF

TEST WATER SHUT-OFF ☐   ☐
FRACTURE TREAT ☐   ☐
SHOOT OR ACIDIZE ☐   ☐
REPAIR WELL ☐   ☐
PULL OR ALTER CASING ☐   ☐
MULTIPLE COMPLETE ☐   ☐
CHANGE ZONES ☐   ☐
ABANDON* ☐   ☐
(other) Change of Operator

5. LEASE
NM-33022

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Hugh Lake

9. WELL NO.
2

10. FIELD OR WILDCAT NAME
Pictured Cliffs Basin Dak

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 29, T27N R12W

12. COUNTY OR PARISH 13. STATE
San Juan   NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
5835' GL; GL = RKB

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

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FARMINGTON, N. M.

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.)*

Operator has been changed from Southland Royalty Company to Dugan Production Corp.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED _____ Jim L. Jacobs _____ TITLE _ Geologist _ DATE _ 5-19-83 _ ACCEPTED FOR RECORD

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

MAY 25 1983

CONDITIONS OF APPROVAL, IF ANY:

NMOCC

FARMINGTON DISTRICT
BY _____

*See Instructions on Reverse Side