

Form 9-331
(May 1962)UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM-024158

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 "APPLICATION FOR PERMIT" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR Dugan Production Corporation		8. FARM OR LEASE NAME McKenzie	
3. ADDRESS OF OPERATOR Box 234, Farmington, New Mexico 87401		9. WELL NO. 1	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 930' fnl 1990' fel		10. FIELD AND POOL, OR WILDCAT Basin Dakota	
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 20, T30N, R12W	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5757 Gr.		12. COUNTY OR PARISH San Juan	
		13. STATE N.M.	

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)			

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other) <u>Re-Work</u>			<input checked="" type="checkbox"/>

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.)*

6-22-72 Moved in Kitchens rig - rigged up - pulled 2 jts tbg - tbg partially stuck - rain - shut down

6-23-72 Pulled tbg - well kicked off making 500 MCF - went in hole with bit - tagged fill up at 6390

6-24-72 Cleaned out frac sand, shale, and cement fill up - 6390 to 6560 - pressure tested csg to 1000 psi - held O.K. - pulled bit - started back in hole

6-26-72 Ran 2 3/8" O.D. 4.7# J-55 8R EUE tbg 214 jts as follows:

Cross pin collar	0.30'
8 jts 2 3/8" tbg	245.66
Baker Model G packer	2.00
206 jts 2 3/8" tbg	6217.13
RKB to well head	9.91

Set RKB 6475.00'

Baker Model G packer set at 6227' - made 8 swab runs - well kicked off - making est 1000 MCF - light spray water.

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

Original signed by T. A. Dugan
SIGNED Thomas A. DuganTITLE EngineerDATE 7-5-72

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____



