

**UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY**

**SUBMIT IN TRIPLICATE\***  
(Other instructions on reverse side)

Form approved.  
Budget Bureau No. 42-R1424.  
5. LEASE DESIGNATION AND SERIAL NO.

NM 0555420

**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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		<p align="center"><b>RECEIVED</b></p> <p align="center"><b>AUG 31 1970</b></p> <p align="center">U. S. GEOLOGICAL SURVEY FARMINGTON, N. M.</p>	6. NAME OF OPERATOR <b>Dugan Production Corp.</b>	
2. NAME OF OPERATOR			7. WELL NO. <b>1</b>	
3. ADDRESS OF OPERATOR <b>Box 234, Farmington, N. M. 87401</b>			8. FIELD AND POOL, OR WILDCAT <b>Wildcat</b>	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) <b>At surface</b>  <b>1800' fnl, 1850' fwl</b>			9. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <b>Sec. 11, T 30 N, R 14 W</b>	
14. PERMIT NO.		15. ELEVATIONS (Show whether D.P., RT., or GR.) <b>6093' Gr.</b>		10. COUNTY OR PARISH <b>San Juan</b>
				11. STATE <b>N. M.</b>

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input 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.)\*

7/9/70

Drilled 12 1/4" hole to 125', ran 5 jts. 8 5/8" O.D., ~~24#~~ J-55, 8R ST&C casing set at 122', cemented with 60 sx. Class "A" 2% Cacl. P.O.B. 12:45 p.m., good cement to surface. Waiting on cement.

7/15/70

T.D. 1915'. wt. 9.4 vis 75  
Ran Schlumberger I.E.S. and Density log. Laid down drill pipe. Ran 59 jts. 4 1/2" O.D., 9.5#, K-55, 8R ST&C casing set at 1916'. Cemented with 40 sx. Class "C" 40% Diacel "D" 12 1/2# gilsonite per sx. plus 125 sx. Class "C" 7 1/2# salt per sx., followed plug with 200 gal. Acidic acid. P.O.B. 3:10 a.m., 7/15/70, good mud returns while cementing. Max. cementing pressure 500 psi, slowed displacement rate to 2 bbls. per minute on last 20 bbls. displacement - reciprocated casing - O.K. while cementing.

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

SIGNED Original signed by T. A. DuganTITLE EngineerDATE 8/27/70

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

DATE \_\_\_\_\_