

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPPLICATE\*  
(Other instructions on re-  
verse side)Form approved.  
Budget Bureau No. 42-R1424.

## 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   |  | 5. LEASE DESIGNATION AND SERIAL NO.<br>NM-10561                     |
| 2. NAME OF OPERATOR<br>Dugan Production Corp.   |  | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME                                |
| 3. ADDRESS OF OPERATOR<br>Box 234, Farmington, NM 87401   |  | 7. UNIT AGREEMENT NAME  |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*<br>See also space 17 below.)<br>At surface<br>790' FNL - 1850' FWL |  | 8. FARM OR LEASE NAME<br>Big Field                                  |
| 14. PERMIT NO.  |  | 9. WELL NO.<br>2  |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.)<br>5662' GR  |  | 10. FIELD AND POOL, OR WILDCAT<br>Wildcat                           |
|   |  | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA<br>Sec 3 T30N R14W |
|   |  | 12. COUNTY OR PARISH<br>San Juan                                    |
|   |  | 13. STATE<br>NM   |

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"/>            | WATER SHUT-OFF  | <input type="checkbox"/> |
| FRACTURE TREAT          | <input checked="" type="checkbox"/> | FRACTURE TREATMENT  | <input type="checkbox"/> |
| SHOOT OR ACIDIZE        | <input type="checkbox"/>            | SHOOTING OR ACIDIZING   | <input type="checkbox"/> |
| REPAIR WELL             | <input type="checkbox"/>            | (Other)   | <input type="checkbox"/> |
| (Other)                 | <input type="checkbox"/>            | (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) |                          |
| PULL OR ALTER CASING    | <input type="checkbox"/>            | REPAIRING WELL  | <input type="checkbox"/> |
| MULTIPLE COMPLETE       | <input type="checkbox"/>            | ALTERING CASING   | <input type="checkbox"/> |
| ABANDON*                | <input type="checkbox"/>            | ABANDONMENT*  | <input type="checkbox"/> |
| CHANGE PLANS            | <input type="checkbox"/>            |   |                          |

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, where pertinent to this work.)\*

Plan to foam frac well w/15,000 lbs 10-20 sand w/70 quality foam, and clean out after frac.



|   |                                 |              |  |
|---|---------------------------------|--------------|--|
| 18. I hereby certify that the foregoing is true and correct |                                 | DATE 5-31-79 |  |
| SIGNED <u>Thomas A. Dugan</u>                               | TITLE <u>Petroleum Engineer</u> |              |  |
| (This space for Federal or State office use)                |                                 |              |  |
| APPROVED BY _____   | TITLE _____                     | DATE _____   |  |
| CONDITIONS OF APPROVAL, IF ANY:                             |                                 |              |  |

\*See Instructions on Reverse Side

mmoc