

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
Box 208, Farmington, NM 87401
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
1850' FSL - 1760' FWL
AT SURFACE:
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 | <input type="checkbox"/> | <input type="checkbox"/> |
| FRACTURE TREAT | <input type="checkbox"/> | <input type="checkbox"/> |
| SHOOT OR ACIDIZE | <input type="checkbox"/> | <input type="checkbox"/> |
| REPAIR WELL | <input type="checkbox"/> | <input type="checkbox"/> |
| PULL OR ALTER CASING | <input type="checkbox"/> | <input type="checkbox"/> |
| MULTIPLE COMPLETE | <input type="checkbox"/> | <input type="checkbox"/> |
| CHANGE ZONES | <input type="checkbox"/> | <input type="checkbox"/> |
| ABANDON* | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (other) | <input type="checkbox"/> | <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 zones pertinent to this work.)*

Plugged and abandoned well as follows:

1. Filled 2-7/8" OD, 6.5#, 8R, K-55, EUE (new) cased hole from 1414' to surface using 37 sx cement, displaced with 4 bbl. water.
2. Installed permanent dry hole monument.
3. Filled all pits.
4. Cleaned well location of all equipment, pipe, junk, and trash.
5. Will complete surface restoration as specified by the surface management agency or landowner next planting season.
6. Cut off tie-downs 1 ft. below surface.

Subsurface Safety Valve: Manu. and Type _____

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

SIGNED Sherman E. Dugan TITLE Agent

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

Approved as to plugging of the well bore
Liability under bond is retained until
surface restoration is completed.

NMOCC

Instructions on Reverse Side

5. LEASE NM 10561
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME Big Field
9. WELL NO. #4
10. FIELD OR WILDCAT NAME Wildcat
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 3 T30N R14W
12. COUNTY OR PARISH San Juan
13. STATE NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD) 5713' GL

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

RECEIVED
JAN 25 1985
OIL CON. DIV.

Set @ _____ Ft.

APPROVED
AS AMENDED

JAN 22 1985
/s/ J. Stan McKee
M. MILLENBACH
AREA MANAGER