

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 9788

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Phil's Last Job

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Wildcat - PC

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec 4 T30N R14W

12. COUNTY OR PARISH

San Juan

13. STATE

NM

1.

OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

Dugan Production Corp.

3. ADDRESS OF OPERATOR

Box 234, Farmington, NM 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)

At surface

860' FNL - 1170' FWL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

5628' GR

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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.)*

12-4-79

Rigged up Allied Services acid truck. Opened well. Well blew down in two minutes. Pumped 250 gals of 15% HCl and displaced w/6 bbls of water. Breakdown pressure 3200 psi. Ave IR 4 B/M @ 800 psi. ISDP 300 psi.

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

SIGNED

Thomas A. Dugan
Thomas A. Dugan

TITLE Petroleum Eng.

DATE 12-10-79

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

NMOCC

*See Instructions on Reverse Side