5-USGS (Farmington) 1-Wexpro (Fmgtn) 1-Wexpro (Salt Lake) 1-File Form Approved. Form 9-331 Budget Bureau No. 42-R1424 Dec. 1973 UNITED STATES 5. LEASE NM 10875 DEPARTMENT OF THE INTERIOR 6. IF INDIAN, ALLOTTEE OR TRIBE NAME **GEOLOGICAL SURVEY** 7. UNIT AGREEMENT 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 Form 9–331–C for such proposals.) 8. FARM OR LEASE NAME Greek's Fete 1. oil gas 9. WELL NO. other well well #1 2. NAME OF OPERATOR 10. FIELD OR WILDCAT NAME Dugan Production Corp. Twin. Mounds 3. ADDRESS OF OPERATOR 11. SEC., T., R., M., OR BLK. AND SURVEY OR Box 208, Farmington, NM 87401 AREA 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 Sec 13 T30N R15W 12. COUNTY OR PARISH 13. STATE AT SURFACE: 870' FSL - 1070' FEL AT TOP PROD. INTERVAL: San Juan : AT TOTAL DEPTH: 14. API NO. 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, 15. ELEVATIONS (SHOW DF, KDB, AND WD) REPORT, OR OTHER DATA 5374 GL SUBSEQUENT REPORT OF: REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE (NOTE: Report results of multiple completion or zone REPAIR WELL change on Form 9-330.) PULL OR ALTER CASING MULTIPLE COMPLETE **CHANGE ZONES** ABANDON* (other) 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.)* Rigged up csg tools. Ran 26 jts 2-7/8" OD 6.5# J-55 8R EUE tbg for csg. TE 798.56' set @ 797' GL. Hydrotested pipe to 4000 psi - OK Preflushed hole w/100 gals mud sweep. Cemented w/60 sx class "B" neat w/1/4# cello flake per sx. Circulated 2 bbls cement. Had good circulation and reciprocated pipe while cementing. Bumped plug w/2500 psi - released to 0 psi. Pressured up to 1500 psi - released to 750 psi. Shut In. POB 12:30 p.m. 1-4-80. Subsurface Safety Valve: Manu. and Type _ 18. I hereby certify that the oregoing is true and correct TITLE Petroleum Engineer DATE

NMOCC.

TITLE

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

(This space for Federal or State office use)

DATE

STEELS WINDLESS STEELS