

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other in-
structions on
reverse side)Form approved.
Budget Bureau No. 42-R355.5.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL:		OIL WELL ☐	GAS WELL ☒	DRY ☐	Other _____		
b. TYPE OF COMPLETION:		NEW WELL ☒	WORK OVER ☐	DEEP-EN ☐	PLUG BACK ☐	DIFF. RESVR. ☐	Other _____
2. NAME OF OPERATOR Dugan Production Corp.						14. PERMIT NO. _____ DATE ISSUED _____	
3. ADDRESS OF OPERATOR P O Box 208, Farmington, NM 87401						12. COUNTY OR PARISH San Juan	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 1640' FSL - 1120' FEL At top prod. interval reported below At total depth						13. STATE NM	
15. DATE SPUDDED 9-30-80		16. DATE T.D. REACHED 10-9-80		17. DATE COMPL. (Ready to prod.) 1-18-81		18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 5583' GL	
19. ELEV. CASINGHEAD		20. TOTAL DEPTH, MD & TVD 6150'		21. PLUG, BACK T.D., MD & TVD		22. IF MULTIPLE COMPL., HOW MANY* single	
23. INTERVALS DRILLED BY XX		24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 5844 - 52, 5961 - 77, 6029-35, 6061-67		25. WAS DIRECTIONAL SURVEY MADE no		26. TYPE ELECTRIC AND OTHER LOGS RUN Cement bond, GR-CCL, IES	
27. WAS WELL CORED no		28. CASING RECORD (Report all strings set in well)					
CASING SIZE		WEIGHT, LB./FT.		DEPTH SET (MD)		HOLE SIZE	
8-5/8"		24#		259' RKB		12-1/2"	
4-1/2"		10.5#		6144' RKB		7-7/8"	
29. LINER RECORD		30. TUBING RECORD		CEMENTING RECORD			
SIZE		TOP (MD)		BOTTOM (MD)		SACKS CEMENT*	
1 1/4"		5991' RKB		PACKER SET (MD)		AMOUNT PULLED	
31. PERFORATION RECORD (Interval, size and number)		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.					
5844-52, 1 shot/2 ft.- 5 holes		DEPTH INTERVAL (MD)		AMOUNT AND KIND OF MATERIAL USED			
5961-77, 1 shot/2 ft.- 9 holes		See Sundry notice of 1-22-81 for details.					
6029-35, 1 shot/2 ft.- 4 holes							
6061-67, 1 shot/2 ft.- 4 holes							
33.* PRODUCTION		34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)					
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) flowing				WELL STATUS (Producing or shut-in) SI	
DATE OF TEST 1-26-81		HOURS TESTED 3		CHOKE SIZE		PROD'N. FOR TEST PERIOD	
FLOW. TUBING PRESS. 1360 SI		CASING PRESSURE 1831 SI		CALCULATED 24-HOUR RATE		OIL—BBL. 3996 AOF	
35. LIST OF ATTACHMENTS		36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records 1-19-1981					
SIGNED Jim L. Jacobs		TITLE Geologist				DATE 2-16-81	
* (See Instructions and Spaces for Additional Data on Reverse Side)		NMOCC					

INSTRUCTIONS

General: This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See instructions on items 22 and 24, and 33, below regarding separate reports for separate completions.

If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, all types electric, etc.), formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see item 35.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 18: Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments. **Items 22 and 24:** If this well is completed for separate production from more than one interval zone (multiple completion), so state in item 22, and in item 24 show the producing interval, or intervals, top(s), bottom(s) and name(s) (if any) for only the interval reported in item 33. Submit a separate report (page) on this form, adequately identified, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

Item 29: "Sacks Cement": Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool. **Item 33:** Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

37. SUMMARY OF POROUS ZONES: SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES			38. GEOLOGIC MARKERS	
FORMATION	TOP	BOTTOM	NAME	MEAS. DEPTH TRUE VERT. DEPTH
			Fruitland	555'
			Pictured Cliffs	1225'
			Lewis	1475'
			Cliff House	2724'
			Menefee	3005'
			Pt. Lookout	3661'
			Mancos	4018'
			Gallup	4984'
			Greenhorn	5622'
			Graneros	5791'
			Dakota	5836'