

Form 3160-5  
(November 1983)  
(Formerly 9-331)

5 BLM, Fmn  
1 File  
**UNITED STATES**  
**DEPARTMENT OF THE INTERIOR**  
**BUREAU OF LAND MANAGEMENT**

**SUBMIT IN TRIPLICATE**  
(Other instructions on reverse side)

Form approved.  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

**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. <b>OIL WELL</b> <input checked="" type="checkbox"/> <b>GAS WELL</b> <input type="checkbox"/> <b>OTHER</b> <input type="checkbox"/>		5. <b>LEASE DESIGNATION AND SERIAL NO.</b> SF 080230	
2. <b>NAME OF OPERATOR</b> DUGAN PRODUCTION CORP.		6. <b>IF INDIAN, ALLOTTEE OR TRIBE NAME</b>	
3. <b>ADDRESS OF OPERATOR</b> P O Box 208, Farmington, NM 87499		7. <b>UNIT AGREEMENT NAME</b>	
4. <b>LOCATION OF WELL</b> (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 330' 660' FNL - 660' FEL		8. <b>FARM OR LEASE NAME</b> Adobe	
14. <b>PERMIT NO.</b>		9. <b>WELL NO.</b> 1	
15. <b>ELEVATIONS</b> (Show whether DF, RT, GR, etc.) 7420' GL		10. <b>FIELD AND POOL, OR WILDCAT</b> Lybrook Gallup	
		11. <b>SEC., T., R., M., OR BLK. AND SURVEY OR AREA</b> Sec. 5 T23N R7W, NMPM	
		12. <b>COUNTY OR PARISH</b> Rio Arriba	
		13. <b>STATE</b> 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"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input checked="" type="checkbox"/>	CHANGE PLANS <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.)	

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.)\*

This well appears to have a casing leak. Plan to locate leak and squeeze with cement. (Amount of cement to be determined after leak is located.)

**RECEIVED**  
JAN 14 1985  
OIL CON. DIV.  
DIST. 2

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

SIGNED Jim L. Jacobs TITLE Geologist DATE 1-3-85

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

**APPROVED**

\*See Instructions on Reverse Side  
NMOCC

JAN 15 1985  
JLS/J. Stan McKee  
M. MILLENBACH  
MANAGER