

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

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse 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. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		2. NAME OF OPERATOR DUGAN PRODUCTION CORP.		3. ADDRESS OF OPERATOR P.O. Box 420, Farmington, NM 87499		4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 800' FNL & 860' FWL		5. LEASE DESIGNATION AND SERIAL NO. NM-7008		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
14. PERMIT NO.		15. ELEVATIONS (Show whether OF, ST, CR, etc.)		7. UNIT AGREEMENT NAME		8. FARM OR LEASE NAME Federal 28-22-6		9. WELL NO. 1		10. FIELD AND POOL, OR WILDCAT Rusty Chacra	
						11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 28, T22N, R6W, NMPM		12. COUNTY OR PARISH Sandoval		13. STATE NM	

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PCCL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETION	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input checked="" type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input checked="" type="checkbox"/>
(Other)	<input type="checkbox"/>		

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<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.)*

Amend plug to abandon by spotting Class "B" cement plugs as follows:

1. 1866' plug 1866-0 across all formations.
2. Set dry hole marker.

A "stripping head" will be used to control well while cementing. Swabbing has shown that casing pressure will be very low, will blow down quickly, and not unload.

RECEIVED

MAR 04 1991

OIL CON. DIV.
(DIST. 3)

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

SIGNED John Alexander

TITLE Petroleum Engineer

DATE 2-28-91

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side