

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

5 BLM 1 Celsius-Fmn 1 Celsius-SLC 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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM 16762	
2. NAME OF OPERATOR DUGAN PRODUCTION CORP.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P O Box 208, Farmington, NM 87499		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with land State requirements. See also space 17 below.) At surface 1980' FNL - 660' FWL		8. FARM OR LEASE NAME Witty	
10. FIELD AND POOL, OR WILDCAT Undesignated Gallup		9. WELL NO. 3	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec.12, T23N, R10W, NMPM		12. COUNTY OR PARISH San Juan	
13. STATE NM		14. PERMIT NO.	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6755' GL; 6767' RKB		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 COMPLETION <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 type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) T.D., 4 1/2" casing & cement <input checked="" 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.)			

T.D. of 4859' reached on 6-5-85.

Pulled and laid down drill pipe. Ran 116 joints of 4 1/2" OD, 10.5#, K-55, 8 Rd, ST&C casing (T.E. 4872.47') landed at 4859' RKB, with float at 4816 and DV tool at 3779'. Howco cement 1st stage with 10 bbls mud flush and 185 sacks 50/50 poz + 2% gel w/ 1/4# flocele/sk. (Total slurry 235 cf). Reciprocated pipe and had good circulation while cementing. Bump plug with 1000 psi - float held OK. P.O.B. at 8:20 PM 6-5-85. Open DV tool with 1250 psi. Circulate 3 hrs with rig pump. Cement 2nd stage with 10 bbls mud flush + 490 sx 65/35 poz w/ 12% gel + 1/4# flocele/sk, followed by 90 sx 50/50 poz w/ 2% gel + 1/4# flocele/sk. (Total slurry 1197 cf). Had good circulation while cementing. Circulated mud flush and 1 bbl cement to surface. Bump plug with 2500 psi. Released pressure and DV tool held OK. P.O.B. at 12:10 AM 6-6-85. Set slips and cut off casing. Rig released at 1:30 AM on 6-6-85. TOTAL CEMENT SLURRY USED IN BOTH STAGES = 1432 cf.

RECEIVED
JUN 12 1985

OIL CON. DIV.

DIST. 3

6-6-85

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

SIGNED John D. Roe

TITLE Petroleum Engineer

DATE 6-6-85

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side

NMOCC