TOTAL 100-58 DOMESTIMENT OF THE INTERIOR DEPARTMENT OF THE INTERIOR SUNDRY NOTICES AND REPORTS ON WELLS (TO not use this farm for propagals to drift or to deepen up the back to a different research. The PAPELOTION CORP. LADRESS OF STRATUS P O BOX 208, Farmington, NM 87499 POON XOR, TOTAL CONTROL CORP. LADRESS OF STRATUS 1000' FNL - 580' FEL DICENSOR OF WELL (Report located) and in accordance with any State equipmental.* The State of STRATUS 1000' FNL - 580' FEL Control of well, (Report located) and in accordance with any State equipmental.* THE STRATUS OF		<u>.</u>		Form approved. Budget Bureau No. 1004-0135
DUAN PRODUCTION CORP. SUNDRY NOTICES AND REPORTS ON WELLS SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form of provided the company of the part have to a different formation. OIL (S) case. OF THE INTERPRETATION FOR PERMIT—For this proposals. OIL (S) case. OF THE INTERPRETATION FOR PERMIT—For this proposals. OIL (S) case. OF THE INTERPRETATION FOR PERMIT—For this proposals. OIL (S) case. OF THE INTERPRETATION FOR PERMIT—For this proposals. OIL (S) case. OF THE INTERPRETATION FOR PERMIT—For this proposals. OIL (S) case. OF THE INTERPRETATION FOR PERMIT—For this proposals. OIL (S) case. OF THE INTERPRETATION FOR PERMIT—For this proposals. OIL (S) case. OF THE INTERPRETATION FOR PERMIT—For this proposals. OIL (S) case. OF THE INTERPRETATION FOR PERMIT—FOR THIS PROPOSAL FOR THIS PART THIS PROPOSAL FOR THIS PART THIS PAR	For 3160-5	UNITED S	TATES SUBMIT IN TRIPLICA	Expires August 31, 1985
SUNDRY MODICES AND REPORTS ON WELLS (Do not use this form for proposed to delife to deepen or piles heet to a difference for reports of the control of the	(Formerly 9-331)		THE INTERIOR verse adde)	5. LEADS DESIGNATION AND SECTED SO.
SUNDRY NOTICES AND REPORTS ON WELL SET OF STORES AND RESEARCH OF STORES AND REPORTS ON WELL SET OF STORES AND REPORTS OF STORES AND				
ODE and save this form for proposal to define or to depth or to depth of the define or to depth of the define or to depth of the define or to define or define or to define or define o	SU	INDRY NOTICES AND	REPORTS ON WELLS	
DUGAN PRODUCTION CORP. Table	(Do not use t	his form for proposals to drill or to	n deepen or plug back to a different feservoir. MIT—" for such proposala.)	
DUGAN PRODUCTION CORP. 1. ADDRESS OF OFFICENCE OF THE CONTROL OF	<u>. </u>		RECEIVE	7. UNIT AGREEMENT NAME
DUGNAN PRODUCTION CORP. A ADDIAGN PRODUCTION CORP. A ADDIAGN PRODUCTION CORP. BARRANG OF OFFICATION A COCCUPIED OF STANDARD PRODUCTION ON MR 87499 PO BOX 208, Farmington, NM 87499 BURRAL OF LAND MARK AND STANDARD PRODUCTION ON MILECAY Undestignated Gallup 100° FNL - 580° FEL See also gase of 15 below? 100° FNL - 580° FEL See also gase of 15 below? 11. BEAUXIDION (Show whether Dr. Pr. Co. del.) 6.662° GL; 6674° RKB Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data Sources of Interestory One Action Control on		L OTHER		
P O Box 208, Farmington, NM 87499 P O Box 208, Farmington, NM 87499 I Decarisor or STATE Life Report location clearly and its accordance with any State regular metal. I Decarisor or STATE Life Report location clearly and its accordance with any State regular metal. I Decarisor or STATE Life Report location clearly and its accordance with any State regular metal. I Decarisor or STATE Life Report location clearly and its accordance with any State regular metal. Sec. 7, T23N, R9W, NMPM II. BUXLATIONS (Sec. 6674 RKB) II. CORRECT OF INTERTION TO: TEST WATER ABDUTORY PRACTURE TREAT ADDRESS OF INTERTION TO: TEST WATER ABDUTORY PRACTURE TREAT ADDRESS OF INTERTION TO: TEST WATER ABDUTORY PRACTURE TREAT ADDRESS OF INTERTION TO: TEST WATER ABDUTORY PRACTURE TREAT ADDRESS OF INTERTION OF INTE			UUT 2 4 1935	
BUREAU OF LAND MARK ACCEPTED PO Box 208, Farmington, NM 87499 Location of water Report location clearly and in accordance with any State rightements.* Location of water Report location clearly and in accordance with any State rightements.* Location of Water Report location clearly and in accordance with any State rightements.* Location of Water Report location clearly and in accordance with any State rightements.* Location of Water Report location clearly and the accordance with any State rightements.* Location of Water Report location clearly and the state of the water of Notice, Report, or Other Date Report of Report Report of Water Report or Control of Market Report of Completion or Recompletion of Recompletio				
LOCATION OF NELL REPORT LESSION CHARITY and its accordance with any State requirements. 1900' FNL - 580' FEL			INT 6	
Indestignated Gal Lup 1900' FNL - 580' FEL 11. REL_TAL MORELLAND Sec. 77, T23N, 89W, NMPh 16. FRANKE MO. 18. RELYATIONS (Show whether SP, FL, CR, etc.) 19. COORT OR FARING San Juan NM 19. COORT OR FARING NM NM NM NM 10. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data NOTICE OF THERWIPS TO: THERE WATER SHOT-OFF FRACTURE TREATY SAN JUAN NOUTHER CONFIETE SAN JUAN NM NM NM NM NM NM NM NM NM	P U BUX ZUO,	(Report location clearly and in ac-	FARMINGTON RESOURCE AND cordance with any State requirements.	
19.00' FNL - 580' FEL 11. BREAT ON ARCH. AND Sec. 7, T23N, R9W, NMPN Sec. 7, T23N, R9W, NMPN 12. COUNTE OR FAIRLY Sec. 7, T23N, R9W, NMPN 13. COUNTE OR FAIRLY Sec. 7, T23N, R9W, NMPN 14. FERMIT NO. 15. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data **SOURCE OF INTERTION TO: **TEST WATER BROTOFF **PACTORE TREAT* **SANDORY** **SANDORY*	See also space 17	below.)		
18. ELEVATIONS (Show whether St. Pt. Co. 66.) 19. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data NOTICE OF INTERPRIAN TO ST. THEST WATER SHOT-OFF PRACTURE TREAT MOUTH TRACTURE TREAT MOUTH TRACTURE TREAT MOUTH TRACTURE TREAT MOUTH TRACTURE TREAT MOVED IT. DESCRIPT OFFERATIONS (Clearly state all pertinent details, and give prince treated of myther completion on Wall Completion or Notice of Interprise of Spud & Surface Casing II. Descript of Conference)' FNL - 580' FEL	11. EBC., T., R., M., OR BLK. AND SURVEY OR ARMA	
18. ELEVATIONS (Show whether St. Pt. Co. 66.) 19. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data NOTICE OF INTERPRIAN TO ST. THEST WATER SHOT-OFF PRACTURE TREAT MOUTH TRACTURE TREAT MOUTH TRACTURE TREAT MOUTH TRACTURE TREAT MOUTH TRACTURE TREAT MOVED IT. DESCRIPT OFFERATIONS (Clearly state all pertinent details, and give prince treated of myther completion on Wall Completion or Notice of Interprise of Spud & Surface Casing II. Descript of Conference				Sac 7 Tash Doll NMDM
Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data **SOURCE OF INTERPRIOR TO: **SOURCE OF INTERPRIOR TO: **PRACTURE TRANSPORT STATEMENT AREA BOX-OFF PRACTURE TRANSPORT OF STATEMENT AND AREA BOX-OFF PRACTURE TRANSPORT OF STATEMENT AREA BOX-OFF PRACTURE TO THE BOX OF STATEMENT AREA BOX-OFF PRACTURE TOR OF STATEMENT AREA BOX-OFF PRACTURE TRANSPORT OF STATEMENT AREA BOX-OFF PRACTURE TRANSPORT OF STATEMENT AREA BOX-OFF TRANSPORT OF STATEMENT AREA BOX-OFF TRANSPORT AREA BOX-OFF TRANSPORT AREA BOX-OFF TRANSPORT AREA BOX-OFF TRANSPORT OF STATEMENT AREA BOX-OFF TRANSPORT AREA BOX-OFF TRANSPORT AREA BOX-OFF TRANSPORT AREA B				
THEN WATER REDUT-OFF PRACTURE TREAT MULTIPLE COMPLETE ADARDOPH AND DESCRIBE PROPOSED OF CONTESTED OF PARTIES OF PRACTURE TREATE AND ALTER CASING MULTIPLE COMPLETE ANABORY REPAIR WATER REDUT-OFF PRACTURE TREAT MULTIPLE COMPLETE ANABORY REPAIR WATER REDUT-OFF PRACTURE TREAT MULTIPLE COMPLETE ANABORY REPAIR WATER REDUT-OFF PRACTURE TREATMENT ANABORY RETURN WATER REDUT-OFF PRACTURE TREATMENT ANABORY RETURN WATER REDUT-OFF PRACTURE TREATMENT ANDOTED AND ACCURATION OF APPROVAL IF ANY: THE SHOT TREATMENT AND TREATMENT AND ACTION OF APPROVAL IF ANY: THE SHOT TREATMENT AND TREATMENT AND ACTION OF APPROVAL IF ANY: THE SHOT TREATMENT ATTER MATTER TREATMENT ATTER MATTER TREATMENT AND ACTION OF APPROVAL IF ANY: THE SHOT TREATMENT AND TREATMENT AND ACTION OF APPROVAL IF ANY: THE SHOT TREATMENT TREATMENT AND ACTION OF APPROVAL IF ANY: THE SHOT TREATMENT TREATMENT AND ACTION OF APPROVAL IF ANY: THE SHOT TREATMENT AND ACTION OF APPROVAL IF ANY: THE SHOT TREATMENT AND ACTION OF APPROVAL IF ANY: THE SHOT TREATMENT AND ACTION OF APPROVAL IF ANY: THE SHOT TREATMENT AND ACTION OF APPROVAL IF ANY: THE SHOT TREATMENT AND ACTION OF APPROVAL IF ANY IN TH	14. PERMIT NO.			
NOTICE OF INTERVIOR TO: TEST WATER SHOT-OFF PRACTURE TREAT SHOT OFF PRACTURE TREATMENT ARMHODY ARMHODY CHANGE FLANS CHANGE FLANS Moved in and rigged up Four Corners Drilling Company Rig #3. Spudded a 124" hole at 11:00 AM. on 10-22-85. Drilled to 205'. Ran 6 jts. 8-5/8" oD, 24#, J-15, 8 Rd, ST&C casing (T. E. 186') set at 199'. Cemented with 135 sacks class "B" plus 2% Cacl ₂ (total cement slurry 159 cf. P.O.B. at 1:00 PM 10-22-85. Circulated approximately 2 bbls cement to surface. W.O.C. 12 hrs. Pressure tested BOP & surface casing 600 psi for 30 minutes - held OK. (This pres for Federal or State office use) (This pres for Federal or State office use) APPROVED BY APPROVED BY APPROVED BY APPROVED BY ACCEPTED FOR RECORD DATE TITLE CONDITIONS OF APPROVAL, IF ANY:				
TEST WATER SHOT-OFF PRACTURE TREAT SHOOT OR ACTORIS SEPAIR WATER SHOT-OFF PRACTURE TREAT SHOOT OR ACTORIS SEPAIR WATER SHOOT OFF ASAMONY CHANCE PLANS CHANCE TREATHER ALTERIATE ALL ALTERIATE AS ABMOONTO AS ABDOTHOR AS ABMOONTO AS ABBOONTO AS	16.	Check Appropriate Box	k To Indicate Nature of Notice, Report,	or Other Data
PRACTURE TREATY SHOOT OR ACTIDISE ARADON* ARAD		NOTICE OF INTENTION TO:		JESEQUENT REPORT OF:
Moved in and rigged up Four Corners Drilling Company Rig #3. Spudded a 12½ hole at 11:00 AM. on 10-22-85. Drilled to 205. Ran 6 jts. 8-5/8" 0D, 24#, J-5/5. R Rd, ST&C casing (T.E. 186') set at 199'. Cemented with 135 sacks class "B" plus 2% CaCl ₂ (total cement slurry 159 cfi. P.O.B. at 1:00 PM 10-22-85. Circulated approximately 2 bbls cement to surface. W.O.C. 12 hrs. Pressure tested BOP & surface casing 600 psi for 30 minutes - held 0 K. 18. 1 bereby certify that the totepology is true and correct signing of Four Pology and Date of Four Pology and Date of Four Pology and Date of State	TEST WATER BRU	T-OFF PULL OR ALTER (ASING WATER SHUT-OFF	REPAIRING WELL
ARANGE PLANS CHANCE PLANS (Other) Spud & Surface Casing Norm: Report received amplitude amplitude on Well (Other) (Other) Spud & Surface Casing Norm: Report received amplitude amplitude on Well (Other) (Other) Spud & Surface Casing Norm: Report received amplitude amplitude on Well (Clearly state all pertiannt details, and see pertinent dates, including estimated and crue received depths for all markers and sones pertinent to this work! Moved in and rigged up Four Corners [Prilling Company Rig #3. Spudded a 12½" hole at 11:00 AM. on 10-22-85. Drilled to 205: Ran 6 5ts. 8-5/8" OD, 24%, J-5/5. R Rd, ST&C casing (T.E. 186') set at 199'. Cemented with 135 sacks class "B" plus 2% CaClo (total cement slurry 159 cfi. P.O.B. at 1:00 PM 10-22-85. Circulated approximately 2 bbls cement to surface. W.O.C. 12 hrs. Pressure tested BOP & surface casing 600 psi for 30 minutes - held OK. (Circulated approximately 2 bbls cement to surface. W.O.C. 12 hrs. Pressure tested BOP & surface casing 600 psi for 30 minutes - held OK. (CITIS solve for Federal or State office use) ACCEPTED FOR RECORD ACCEPTED FOR RECORD DATE TITLE CORDITIONS OF APPROVAL, IF ANY:				ALTERING CASING
(Other) (Ot	SHOOT OR ACIDIZE	ABANDON*		
Other) Completion or Records on Conflict of Presentions (Clearly state all pertinent details, and give pertinent date, 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 tonce pertinent to this work.) Moved in and rigged up Four Corners Drilling Company Rig #3. Spudded a 12½ hole at 11:00 AM. on 10-22-85. Drilled to 205 Ran 6 jts. 8-5/8" OD, 24#, J-55, 8 Rd, ST&C casing (T.E. 186') set at 199'. Cemented with 135 sacks class "B" plus 2% Cacl ₂ (total cement slurry 159 cfl. P.O.B. at 1:00 PM 10-22-85. Circulated approximately 2 bbls cement to surface. W.O.C. 12 hrs. Pressure tested BOP & surface casing 600 psi for 30 minutes held OK. 18. 1 hereby critic that the frequent is true and correct since the following is true and correct since the following is true and correct since the following is true and correct since the frequent of the frequent of the frequent of the following is true and correct since following is true and correct sinc	REPAIR WELL	CHANGE PLANS	Worse Percet &	results of multiple completion on Well
Moved in and rigged up Four Corners Drilling Company Rig #3. Spudded a 12½" hole at 11:00 AM. on 10-22-85. Drilled to 205'. Ran 6 jts. 8-5/8" OD, 24#, J-35, 8 Rd, ST&C casing (T.E. 186') set at 199'. Cemented with 135 sacks class "B" plus 2% CaCl ₂ (total cement slurry 159 cfi. P.O.B. at 1:00 PM 10-22-85. Circulated approximately 2 bbls cement to surface. W.O.C. 12 hrs. Pressure tested BOP & surface casing 600 psi for 30 minutes - held OK. 18. 1 hereby error that the Identical is true and correct signed for Federal or State office use) ACCEPTED FOR RECORD APPROVED BY APP			Completion or Re	deter including estimated date of starting and
OCI 3 0 1235 OC		205'. Ran 6 jts. 8-5 (T.E. 186') set at 19 2% CaCl ₂ (total cemen Circulated approximat Pressure tested BOP 8	1/8" OD, 24#, J-55, 8 Rd, ST&C 19'. Cemented w th 135 sacks 1t slurry 159 cf P.O.B. at 1 tely 2 bbls cement to surface.	class "B" plus class "B" plus :00 PM 10-22-85. W.O.C. 12 hrs.
IS. I hereby certify that the foregoing is true and correct SIGNED JM/L. JdCODS (This space for Federal or State office use). APPROVED BY		nerd on		
IS. I hereby certify that the foregoing is true and correct SIGNED JM/L. JdCODS (This space for Federal or State office use). APPROVED BY		•		
IS. I hereby certify that the foregoing is true and correct SIGNED JIM L. Jacobs (This source for Federal or State office use). APPROVED BY		•	·	- UU 1 3 0 1085 - The same
IS. I hereby certify that the foregoing is true and correct SIGNED JIM L. Jacobs (This source for Federal or State office use). APPROVED BY		•		
18. I hereby certify that the foregoing is true and correct SIGNED TITLE Geologist (This sorce for Federal or State office use) APPROVED BY				பார் இந்த இருந்து இது இருந்து இருந்து இருந்து
SIGNED JML. Jacobs (This sorce for Federal or State office use). APPROVED BY				િલ્લા કરા કર્યું કે કરા કરો કરા છે. જો
SIGNED JML. Jacobs (This sorce for Federal or State office use). APPROVED BY		_	,	
ACCEPTED FOR RECORD APPROVED BY	18. I hereby certify ti	hat the foregoing is true and corre	ct Coologiet	10.00.05
(This sorce for Federal or State office use). ACCEPTED FOR RECORD APPROVED BY	SIGNED TO	1 Jacks	TITLE GEOIOGIST	DATE 10-23-85
APPROVED BY TITLE DATE CONDITIONS OF APPROVAL, IF ANY:	/1			MODERATE TOO DECORE
CONDITIONS OF APPROVAL, IF ANY:	(This abace for P			
OCT 25 1985	APPROVED BY _	APPROVAL, IF ANY:	TITLE	. DAIR
	00			OCT 25 1985