

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

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.)

RECEIVED

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐  
2. NAME OF OPERATOR DUGAN PRODUCTION CORP.  
3. ADDRESS OF OPERATOR P O Box 208, Farmington, NM 87499 BUREAU OF LAND MANAGEMENT  
4. LOCATION OF WELL (Report location clearly and in accordance with any State or Federal Resource Area. See also space 17 below.) At surface 330' FNL - 330' FEL  
14. PERMIT NO.  
15. ELEVATIONS (Show whether OF, RT, GR, etc.) 6620' GL - 6632' RKB

5. LEASE DESIGNATION AND SERIAL NO. N00-C-1420-7312  
6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo Allotted  
7. UNIT AGREEMENT NAME  
8. FARM OR LEASE NAME Seoul  
9. WELL NO. 88  
10. FIELD AND POOL, OR WILDCAT South Bisti-Gallup  
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 9, T23N, R10W, NMPM  
12. COUNTY OR PARISH San Juan  
13. STATE 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 checked="" type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>	(Other) TD, 4 1/2" casing & cement	<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.)

T.D. 4750' reached on 1-21-86.  
Finished trip out of hole. Ran IES & CDL logs by Welex. T.I.H. & conditioned mud. Rigged up & ran 123 jts. 4 1/2" OD, 10.5#, J-55, 8 RD ST&C casing (T.E. 4762.32') set @ 4750' RKB. Cemented first stage as follows: pumped 10 bbls mud flush followed by 240 sx 50-50 pos plus 2% gel & 1/4# cello-flake per sack (total cement slurry 1st stage=305 cf). Reciprocated casing OK while cementing. Had full mud returns while cementing. Did not bump plug w/1 bbl over calculated displacement. Float held OK. Dropped opening bomb. Opened stage tool @ 3603'. Circulated 2 1/2 hrs with rig pump. Cemented 2nd stage as follows: pumped 10 bbls mud flush followed by 625 sx 65-35 plus 12% gel & 1/4# cello-flake per sack, followed by 50 sx 50-50 pos w/2% gel & 1/4# cello-flake per sack. (Total cement slurry 2nd stage=1445 cf). Total cement slurry both stages=1750 cf. Full mud returns while cementing. Circulated 2 bbls cement to surface. Closed stage tool with 2500 psi-held OK. Job complete @ 1:45 AM 1-22-86. Nippled down BOP, set 4 1/2" casing slips and released rig @ 3:45 AM 1-22-86.

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

SIGNED

Jim L. Jacobs

TITLE Geologist

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

RECEIVED

DATE

1-23-86

JAN 30 1986

OIL CON. DIV.  
DIST. 8

\*See Instructions on Reverse Side

NMOC