

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

SUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)

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

5. LEASE DESIGNATION AND SERIAL NO.

NM 23744

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Olympic

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

South Bisti Gallup

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 3, T23N, R10W, NMPM

12. COUNTY OR PARISH 13. STATE

San Juan

NM

1.

OIL ☒ GAS ☐
WELL WELL OTHER

2. NAME OF OPERATOR

DUGAN PRODUCTION CORP.

3. ADDRESS OF OPERATOR

P O Box 208, Farmington, NM 87499

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)

At surface

660' FSL - 1980' FEL

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

RECEIVED

APR 16 1987

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, ST, GR, etc.)

6695' GL; 6707' RKB

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

PULL OR ALTER CASING ☐

FRACTURE TREAT ☐

MULTIPLE COMPLETE ☐

SHOOT OR ACIDIZE ☐

ABANDON* ☐

REPAIR WELL ☐

CHANGE PLANS ☐

(Other) ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

REPAIRING WELL ☐

FRACTURE TREATMENT ☐

ALTERING CASING ☐

SHOOTING OR ACIDIZING ☐

ABANDONMENT* ☐

(Other) Change of Plans ☒

(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.)*

IS.S

Plan to run 5 1/2", 15#, J-55 casing instead of 4 1/2", 10.5#, J-55 casing as submitted in the original A.P.D. on 3-30-87. Cement volumes will be calculated to sufficiently circulate the cement to surface.

Verbal approval given to Barbara Williams 4/16/87

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

SIGNED

Sherman E. Dugan

TITLE

Geologist

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

APR 16 1987

AREA MANAGER

APPROVED 3

*See Instructions on Reverse Side