

5 BLM 1 File 1 Chorney Oil 1 Norcen 1 Union Pacific  
UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

Form approved  
Budget Bureau No. 1004-013  
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"/>	88 SEP -1 AM 10:42	3. LEASE DESIGNATION AND SERIAL NO. NM 42059
2. NAME OF OPERATOR DUGAN PRODUCTION CORP.	FARMINGTON, NEW MEXICO	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 5820, Farmington, NM 87499-5820		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) AT SURFACE 1980' FNL & 660' FWL		8. FARM OR LEASE NAME Champ
		9. WELL NO. 2
		10. FIELD AND POOL, OR WILDCAT South Bisti Gallup
		11. SEC., T., R., M., OR ALK. AND SURVEY OR AREA Sec. 5, T23N, R10W, NMPM
14. PERMIT NO.	15. ELEVATIONS (Show whether OF or TO surface) 6568' GL; 6580' RKB	12. COUNTY OR PARISH San Juan
		13. STATE NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PCLL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<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) TD, 4 1/2" casing & cement	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>

(NOTE: Report results of multiple completion on Well Completion or Recore Completion 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. 4708' reached on 8-29-88. Finished logging with Welex. T.I.H. and conditioned mud. Laid down drill pipe and collars. Rigged up and ran 114 jts. 4 1/2" OD, 10.5#, J-55, 8 Rd, ST&C casing (T.E. 4722.02') set @ 4704' RKB. Cemented 1st stage by Western Company with 205 sx 50-50 pos + 2% gel and 1/2# celloflake per sack (total cement slurry 1st stage = 260 cu.ft.). Had full mud returns while cementing. Reciprocated casing OK while cementing. Bumped plug with 1200 psi - float held OK. Dropped opening bomb. Opened stage tool @ 3590'. Circulated 2 1/2 hours with rig pump. Cemented 2nd stage with 485 sx 65-35 + 12% gel and 1/2# celloflake/sk followed by 50 sx 50-50 pos + 2% gel and 1/2# celloflake/sk (total cement slurry 2nd stage = 1135 cu.ft.). (Total cement slurry used in both stages = 1395 cf.). Full mud returns while cementing. Circulated mud flush with trace of cement. (Preflushed each stage with 10 bbls mud flush). Closed stage tool with 2500 psi - held OK. Job complete @ 10:00 PM 8-29-88. Nippled down BOP, set casing slips, cut off 4 1/2" casing and released rig @ 12:00 midnight 8-29-88.

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

SIGNED Jim L. Jacobs

TITLE Geologist

DATE 8-30-88

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

DATE \_\_\_\_\_