

6 BLM 1 File 1 Celsius-SLC
UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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. NOO-C-14-20-7307
2. NAME OF OPERATOR DUGAN PRODUCTION CORP.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo Allottee
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 1830' FNL & 670' FWL	8. FARM OR LEASE NAME Bronze Medal
14. PERMIT NO.	9. WELL NO. 2
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6662' GL; 6674' KB	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 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 type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Spud & Surface Casing</u> <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.)*

M.I. & R.U. Four Corners Drilling Company Rig #8.
Spudded at 11:30 A.M. 12-14-88. Drilled a 12 1/4"
surface hole to 230'. Ran 5 jts. 8-5/8" OD, 24#, 8
Rd., ST&C casing (T.E. 208') set @ 220' RKB.
Cemented with 135 sx class "B" + 2% CaCl₂ (total
cement slurry = 159 cu.ft.). Circulated
approximately 5 bbls cement to surface. P.O.B. @
2:30 PM 12-14-88. Pressure tested BOP and surface
casing 600 psi for 30 minutes before drilling out-
held OK.

RECEIVED
DECEMBER 15 1988
OIL COM. DIV.
DIST. 3

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

SIGNED <u>Jimi L. Jacobs</u>	TITLE <u>Geologist</u>	DATE <u>12-15-88</u>
(This space for Federal or State office use)		
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		

NMOCC

*See Instructions on Reverse Side