

6 BLM 1 File 1 Celsius-Denver
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"/>	88 DEC 22 AM 10:58	5. LEASE DESIGNATION AND SERIAL NO. NOO-C-14-20-7307
2. NAME OF OPERATOR DUGAN PRODUCTION CORP.	FARMINGTON RESOURCE AREA FARMINGTON, NEW MEXICO	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
		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, T 23N, R 10W, NMPM
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, CR, etc.) 6662' GL; 6674' KB	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:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETION	<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) T.D., 4 1/2" casing & cement	<input checked="" type="checkbox"/>		<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.) *

T.D. 4830' reached on 12-18-88.
Finished drilling 7-7/8" hole to 4830'. Conditioned mud. P.C.H. and ran IES & CDL logs by Wellex. T.I.H. and conditioned mud. Laid down drill pipe and drill collars. Rigged up and ran 127 jts. 4 1/2" OD, 11.6# & 10.5#, J-55, 8 Rd, LT&C and ST&C casing (T.E. 4825.32') set @ 4830' RKB. Cemented first stage by pumping 10 bbls mud flush followed by 225 sx 50-50 pos + 2% gel (total cement slurry first stage = 286 cu.ft.). Full mud returns while cementing. Reciprocated casing OK while cementing. Bumped plug with 1000 psi - float held OK. Dropped opening bomb. Opened stage tool @ 3649'. Circulated with rig pump for 2 1/2 hours. Cemented 2nd stage by pumping 10 bbls mud flush followed by 600 sx 65-35 plus 12% gel plus 1/4# celloflake per sack followed by 50 sx 50-50 pos + 2% gel & 1/4# celloflake/sk (total cement slurry 2nd stage = 1389 cu.ft.). Had full mud returns while cementing. Circulated all mud flush and approximately 2 bbls cement to surface. Closed stage tool with 2500 psi - held OK. Job complete @ 7:15 AM 12-19-88. Nippled down BOP, set 4 1/2" casing slips, and cut off 4 1/2" casing. Released rig @ 9:15 AM 12-19-88.

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

SIGNED Jim L. Jacobs

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE

Geologist

TITLE

OIL CC
DI

DIV

FARMINGTON RESOURCE AREA
SMM

DATE 12-21-88

DEC 21 1988

DATE

*See Instructions on Reverse Side