I hereby certify that the foregol	ement to sur on psi for 3 on psi for 3 constant and correct constant acobs e office use)	face. P 0 minute -	ressure test	ed sur	Out.	7-24-E	ВОР	
I hereby certify that the foregod	ement to sur on psi for 3	face. P	ressure test es before dr	ed sur	out.		ВОР	
I hereby certify that the foregol	ement to sur on psi for 3	face. P	ressure test es before dr	ed sur	out.		ВОР	
(T cl P. ce 60	O.B. @ 3:00 ement to sur OO psi for 3	face. P 0 minute -	ressure test	ed sur	out.		ВОР	
(T <u>cl</u> P. ce	O.B. @ 3:00 ment to sur	face. P	ressure test	ed sur	out.		ВОР	
(T <u>cl</u> P. ce	O.B. @ 3:00 ment to sur	face. P	ressure test	ed sur	out.		вор	
(T <u>cl</u> P. ce	O.B. @ 3:00 ment to sur	face. P	ressure test	ed sur	out.		ВОР	
(T <u>cl</u> P. ce	O.B. @ 3:00 ment to sur	face. P	ressure test	ed sur	out.		ВОР	
(T <u>cl</u> P. ce	O.B. @ 3:00 ment to sur	face. P	ressure test	ed sur	out.		ВОР	
(T <u>cl</u> P.	O.B. @ 3:0	0 PM 7-			face cas	sing &		
(T	** - **	% CaCl,	<u>(total cemen</u> 23-89. Cir	t slur culated	ry = 159 d approx	cu.ft	<u>.).</u>	
to	230'. Rar C.E. 210.67'	') <u>set (</u>	222' RKB.	Ceme	<u>nted Wil</u>	cn 135	<u>sx</u>	
#5	Spudded	a 12-1/4	" hole @ 11:	15 AM	7-23-89.	Dril	led	
Мо	oved in & ri	igged up	Four Corner	cs Dril	lling Co	mpany	rig	
nens w data not de/	•							
7. DESCRIBE PROPOSED OR COMPLETE proposed work. If well is conent to this work.)	ED OPERATIONS (Clearly directionally drilled, giv	state all pertic	ent details, and give p	ertinent date	es, including es	timated date	of starting any	
REPAIR WELL (Other)	(Nork: Report resul				lts of multiple	of multiple completion on Well		
FRACTURE TREAT SHOOT OR ACIDIZE	MULTIPLE COMPLABANDON*	ETE	PRACTURE TR	ACIDIZING		ALTERING CA	T•	
TEST WATER SHOT-OFF	PCLL OR ALTER C	LASING	WATER SHUT	1		REPAIRING W	BLL	
Check Appropriate Box To Indicate Nature of Notice, Report, or O						JENT REPORT OF:		
is. Chec			Nature of Notice.	Report, or				
14. PERMIT NO.	15. ELEVATION	s (Show whether	DF, RT, GR, etc.)	_		T OR PARISH	NM	
1980' FSL & 660' FEL						Sec.6,T23N,R10W,NMPM		
See also space 17 below.) At surface					11. ssc.,	South Bisti Gallup Ext		
P.O. Box 420, Farmington, NM 87499 1. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*					5 10. FIELD	5 10. FIELD AND POOL, OR WILDCAT		
3. ADDRESS OF OPERATOR					9. WELL			
2. NAME OF OPERATOR DUGAN PRODUCTION CORP.					ı	8. FARM OR LEASE NAME Calgary		
	OIL CAB OTHER OTHER					7. UNIT AGREEMENT NAME		
OIL CAB CAB OT		to deepen or pli RMIT—" for suc		eservolr.				
(Do not use this form for Use "A. OIL GAB WELL OT			SUNDRY NOTICES AND REPORTS ON WELLS					
SUNDRY (Do not use this form for Use "A. OIL CAB WELL A GAB OT	NOTICES AND	REPORTS		(November 1983) (Furnerity 9-331) DEPARTMENT OF THE INTERIOR (Other Instructions on represented) BUREAU OF LAND MANAGEMENT				

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

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