

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

SUBMIT IN TRIPPLICATE*
(Other instructions on reverse side)

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 ☒ GAS WELL ☐ OTHER ☐
2. NAME OF OPERATOR
DUGAN PRODUCTION CORP.
3. ADDRESS OF OPERATOR
P.O. Box 420, Farmington, NM 87499
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
14. PERMIT NO.
API#30-045-27418
15. ELEVATIONS (Show whether DF, RT, CR, etc.)
6551' GI ; 6563' RKB

5. LEASE DESIGNATION AND SERIAL NO.
NM-32124
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Calgary
9. WELL NO.
4
10. FIELD AND POOL, OR WILDCAT
South Bisti Gallup Ext.
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 6, 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:

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)			

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) Spud & Surface Casing			<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.)

Moved in and rigged up Four Corners Drilling Company Rig #7. Spudded a 12-1/4" hole at 11:00 A.M. 11-7-89. Drilled to 210'. Ran 5 jts. 8-5/8" OD, 24#, 8 Rd, ST&C casing (T.E. 189.50') set at 201' RKB. Cemented with 135 sx class "B" + 2% CaCl₂ (total cement slurry = 159 cu.ft.). P.O.B. at 4:00 P.M. 11-7-89. Circulated 2 bbls cement to surface. Pressure tested BOP and surface casing 600 psi for 30 minutes -held OK.

RECEIVED
DEC 11 1989
OIL CON. DIV
DIST.

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

SIGNED Jim L. Jacobs TITLE Geologist DATE 11-8-89
(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD
DATE

DEC 06 1989

FARMINGTON RESOURCE AREA