

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse side)

Budget Bureau No. 1004-01-5  
Expires August 31, 1988

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. NM-42059
2. NAME OF OPERATOR DUGAN PRODUCTION CORP.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 420, Farmington, NM 87499		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' FSL & 1830' FWL K		8. FARM OR LEASE NAME Champ
		9. WELL NO. 7
		10. FIELD AND POOL, OR WILDCAT South Bisti Gallup
		11. SEC. T., R., M., OR BLK. AND SURVEY OR AREA Sec. 5, T23N, R10W, NMPM
14. PERMIT NO. 30-045-28241	15. ELEVATIONS (Show whether DP, ST, or etc.) 6558' GL	12. COUNTY OR PARISH San Juan
		13. STATE NM

RECEIVED

JUN 3 1991

OIL CON. DIV.

DIST. 3

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 COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANE <input type="checkbox"/>
(Other) <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., casing & cement <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. 4655' reached on 4-28-91.

Finished drilling 7-7/8" hole to 4655' RKB. Conditioned hole. P.O.H. and ran IES and CDL logs by Great Guns Logging Company. T.I.H. and circulate hole. Laid down drill pipe and collars. Rigged up and ran 107 jts. 4-1/2" OD, 10.5#, Wildcat "50", 8 Rd. ST&C casing (T.E. 4665.06') set at 4657' RKB. Cemented first stage by pumping 20 bbls mud flush followed by 10 bbls water and 225 sx 50-50 pos plus 2% gel and 1/4# celloflake/sk (total cement slurry first stage = 275 cu.ft.). Full mud returns while cementing, reciprocated casing OK while cementing. Maximum cementing pressure 500 psi. Bumped plug with 1000 psi - float held OK. Dropped opening bomb and opened stage tool at 3543'. Circulated with rig pump for 2-3/4 hours. Cemented 2nd stage by pumping 20 bbls mud flush followed by 10 bbls water and 800 sx 65-35 plus 12% and 1/4# celloflake/sk followed by 50 sx 50-50 pos plus 2% gel and 1/4# celloflake/sk (total cement slurry 2nd stage = 1829 cu.ft.). Total cement slurry both stages = 2104 cu.ft. Had full returns while cementing. Circulated 40 bbls contaminated cement. Closed stage tool with 2500 psi - held OK. Maximum cementing pressure 1000 psi. Job complete at 6:30 A.M. Nippled down BOP, set 4-1/2" casing slips, cut off casing and released rig at 8:30 A.M. 4-28-91.

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

SIGNED

Jim L. Jacobs

TITLE Geologist

DATE 4-29-91

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

NMOCD