

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

**Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals**

SUBMIT IN TRIPLICATE

1. Type of Well

☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator

Dugan Production Corp.

3. Address and Telephone No.

P.O. Box 420, Farmington, NM 87499 (505) 325-1821

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

990' FNL & 1650' FEL (Unit B)
Sec. 25, T24N, R2W, NMPM

FORM APPROVED
Adopted Bureau No. 1004-0135
Expires: March 31, 1993

5. Lease Designation and Serial No.

SF 080500

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Anderson A #1

9. API Well No.

30 039 05324

10. Field and Pool, or Exploratory Area

Blanco PC South

11. County or Parish, State

Rio Arriba, New Mexico

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION	
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> Other <u>Squeeze Casing</u>	<input type="checkbox"/> Dispose Water
		(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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.)*

NMOCD required the following work be performed:

1. Pressure test casing to 500 psi with no leaks.
2. Perforate at 1,000'.
3. Pump into perforations at $\frac{1}{4}$ bpm and 800 psi.
4. Squeeze 14 cu. ft. Class B cement into hole.
5. Drill out and pressure test to 500 psi with no leaks.
6. Perforate at 600'.
7. Pump into perforations at $\frac{1}{8}$ bpm and 900 psi.
8. Squeeze 14 cu. ft. Class B cement into hole.
9. Drill out and pressure test to 500 psi with no leaks.
10. Run production packer to 3286' and land tubing in well head.

* All work done under direction of NMOCD. NMOCD had concluded that this well could be the source of natural gas in an offsetting water well despite no indication that this was the case.

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

Signed

Title Operations Manager

Date 11/15/93

(This space for Federal or State office use)

(Original Signed) HECTOR A. VILLALOBOS

Approved by _____

Time

Date _____

Approved by _____
Conditions of approval, if any:

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.

*See instruction on Reverse Side

NACD

RECEIVED
NOV 23 1993
OIL CON. DIV.
DIST. 3