

5 BLM 2 Celsius 1 File
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 GAS WELL OTHER

2. NAME OF OPERATOR
DUGAN PRODUCTION CORP.

3. ADDRESS OF OPERATOR
P.O. Box 5820, Farmington, NM 87499 -5820

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
 See also space 17 below.)
 At surface
1490' FSL - 1850' FEL

14. PERMIT NO. | 15. ELEVATIONS (Show whether OF, ST, GR, etc.)
 | **7007' GL**

3. LEASE DESIGNATION AND SERIAL NO.
NM 16589

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Mountain

9. WELL NO.
5

10. FIELD AND POOL, OR WILDCAT
Wildcat

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 9, T24N, R8W, NMP

12. COUNTY OR PARISH | 13. STATE
San Juan | NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) _____	
(Other) _____		(NOTE: Report results of multiple completion on Well Completion or Reconpletion 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.)*

Plugged subject well as follows:

1.) Plugged well by pumping 60 sx class "B" neat cement (71 cu.ft.) to fill 2-7/8" casing to surface.

2.) Installed dry hole marker.

Job complete 4-25-89.

Approved as to plugging of the well bars.
 Liability under bond is retained until
 surface restoration is completed.

RECEIVED
 MAY 15 1989
 REGIONAL DIV.

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

SIGNED Jim L. Jacobs TITLE Geologist

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____

CONDITIONS OF APPROVAL, IF ANY:

APPROVED

DATE 5-4-89

MAY 09 1989
 DATE Jim Skella
 AREA MANAGER
 FARMINGTON RESOURCE AREA

NMOCC