

5 BLM 1 File 1 Celsius-Denver 1 Celsius-SLC  
**UNITED STATES**  
**DEPARTMENT OF THE INTERIOR**  
**BUREAU OF LAND MANAGEMENT**

Form approved by  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

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

**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. <b>OIL WELL</b> <input checked="" type="checkbox"/> <b>GAS WELL</b> <input type="checkbox"/> <b>OTHER</b> <input type="checkbox"/>		7. <b>UNIT AGREEMENT NAME</b>	
2. <b>NAME OF OPERATOR</b> DUGAN PRODUCTION CORP.		8. <b>FARM OR LEASE NAME</b> Gold Medal	
3. <b>ADDRESS OF OPERATOR</b> P.O. Box 208, Farmington, NM 87499		9. <b>WELL NO.</b> 5	
4. <b>LOCATION OF WELL</b> (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' FSL - 1980' FEL		10. <b>FIELD AND POOL, OR WILDCAT</b> South Bisti-Gallup	
14. <b>PERMIT NO.</b>		11. <b>SEC., T., R., M., OR BLK. AND SURVEY OR AREA</b> Sec. 31, T24N, R10W, NMPM	
15. <b>ELEVATIONS</b> (Show whether DF, ST, CR, etc.) 6570' GL; 6582' RKB		12. <b>COUNTY OR PARISH</b> San Juan	
		13. <b>STATE</b> 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 COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<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)	<input checked="" type="checkbox"/>	Spud, Surface Casing & Test	<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.)\*

M.I. & R.U. Four Corners Drilling Company Rig #5. Spudded  
a 12 $\frac{1}{4}$ " hole @ 4:30 PM 11-23-87. Drilled to 225'. Ran 5 jts. 8-5/8"  
OD, 24#, 8 Rd, ST&C casing (T.E. 208.33') set @ 220' RKB. Cemented  
with 135 sx class "B" + 2% CaCl<sub>2</sub> (159 cf). P.O.B. @ 9:00 PM 11-23-87.  
Circulated 3 bbls cement to surface. Nippled up BOP and tested  
surface casing and BOP 1000 psi for 30 minutes - held OK.

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

SIGNED Jim L. Jacobs TITLE Geologist DATE 11-24-87  
(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

INMOCG