

Form 3,60-5
(November 1983)
(Formerly 9-331)UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENTSUBMIT IN TRIPLICATE*
(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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. NM-39017	
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 800' FSL & 1700' FWL		8. FARM OR LEASE NAME Sesame Street	
14. PERMIT NO. 30-045-28227		9. WELL NO. 1	
15. ELEVATIONS (Show whether SF, ST, GR, etc.) 6712' GL		10. FIELD AND POOL, OR WILDCAT Wildcat Pictured Cliffs	
		11. SEC., T., R., N., OR S.E. AND SUBVY OR AREA Sec.1, T24N, R11W, 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:

SUBSEQUENT REPORT OF:

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"/>	

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., 4 1/2" 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. 1490' reached on 11-13-90.

Finished drilling 6-1/4" hole. Conditioned hole. Attempt to log by BPB Logging Company. Logging tool stopped at 1052'. T.I.H. and conditioned hole. P.O.H. and ran Gamma Ray Density & Neutron Logs (note: logger's T.D. 1480'). Shut down overnight. Prepare to run 4-1/2" casing. T.I.H. with 6-1/4" bit & pipe. Circulate 1 hour. Laid down drill pipe. T.I.H. with 50 lbs. 4-1/2", 11.6#, J-55 casing landed at 1483', FC at 1458'. Circulate hole. Pump 10 bbls water. Cement with 110 sx 2 1/2 lodense w/1/4# celloflake/sk, tail with 90 sx class "B" neat w/ 1/4# celloflake/sk (total slurry = 328 cu.ft.). Displace with 23 bbls water. Plug down 6:00 P.M. on 11-14-90. 1000 psi. Had good circulation throughout job. Circulated 5 bbls cement. Maximum cementing pressure 500 psi.

RECEIVED

DEC 17 1990

OIL CON. DIV.
DIST. 2

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

SIGNED

Jim L. Jacobs

TITLE Geologist

DATE 11-15-90

(This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

DEC 04 1990

FARMINGTON RESOURCE AREA

*See Instructions on Reverse Side

BY