Form 3160-5 (June 1990)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

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

Lease Designation and Serial No.

	SUMURY NOTICES AND REPORTS ON WELLS	38 KUG - 3	
Do not use this	form for proposals to drill or to deepen or reentry to a	dillecent reser	SO

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Use "APPLICATION FOR PERMIT—" for such proposals	
SUBMIT IN TRIPLICATE	7. If Unit or CA, Agreement Designation
I. Type of Well	-
Oil Gas Other	8. Well Name and No.
2. Name of Operator	Sapp #2
Dugan Production Corp.	9. API Well No.
3. Address and Telephone No.	30 045 29243
P.O. Box 420, Farmington, NM 87499 (505) 325-1821	10. Field and Pool, or Exploratory Area
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 2240' FNL & 543' FEL (Unit H) SE/4 NE/4	Lybrook Gallup
Sec. 28, T24N, R8W	11. County or Parish, State
A TOPE CONTRACTOR CONT	San Juan, New Mexico
12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPOF	RT. OR OTHER DATA

TYPE OF SUBMISSIGN CT

TIPE OF SUBMISSION FO	TYPE OF ACTION	
Notice of Intern	Abandonness	Change of Plans
AUG 2	1 1000 Recompletion	New Construction
Subsequent Report	1 1996 Progging Back	Non-Routine Practuring
Final Abandonment Notice (CO)	Casing Repair	Water Shut-Off
90,	No DIVI Maring Caing	Conversion to Injection
DIA	Downhole Commingle	Dispose Water
GS [o 6)	(Note: Report results of multiple comple

In accordance with the NMOCD administrative Order DHC-1304, it is intended to complete the Cuervo Mesa Verde and downhole commingle it with the Lybrook Gallup as follows:

TOH with rods and tubing. Set a RBP above the Gallup perforations at 4200'. Selectively perforate the Mesa Verde and acidize. Swab test interval to establish productivity. Retrieve RBP and rerun tubing, pump and rods.

Production allocation will be determined following a 60 day test period.

AUG 0 9 1996 (S) Duang Sponcer Fide 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, fictificity or fraudulent statement. NMOCD				
(This space for Federal a State office use) Approved by Conditions of approval, if any:	Tide	TideA_P Res OVED		
14. I hereby certify that the foregoing is rule and correct Signed	TideOperati	ons Manager	8/8/96	

^{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.)*