

**UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT**

SUBMIT IN TRIPPLICATE*
(Other instructions on reverse side)

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

5 BLM 1 File

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.)

<p>1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> 90 JAN -2 AM 11:18</p> <p>2. NAME OF OPERATOR Dugan Production Corp. as Agent for Chevron U.S.A., Inc.</p> <p>3. ADDRESS OF OPERATOR P.O. Box 420, Farmington, NM</p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1,880' FNL & 1,980' FEL</p> <p>14. PERMIT NO. API #30-045-05559-0000</p>	<p>5. LEASE DESIGNATION AND SERIAL NO. SF-078155</p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</p> <p>7. UNIT AGREEMENT NAME West Bisti</p> <p>8. FARM OR LEASE NAME West Bisti Unit</p> <p>9. WELL NO. 162</p> <p>10. FIELD AND POOL, OR WILDCAT Bisti Lower Gallup</p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 1, T25N, R 13W</p> <p>12. COUNTY OR PARISH San Juan</p> <p>13. STATE NM</p>
<p>15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6218</p>	

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 type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	(Other) <input type="checkbox"/>
(Other) Request for extension-SI status <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)*

BLM approval for long term shut in status expires 12-31-89. Dugan Production Corp. requests that the BLM extend this approval for 1 year, so that we will have time to formulate a unit plan of operation which will include this well, and will allow for optimum wellbore utility within the West Bisti Unit.

Effective 11-1-89, Chevron U.S.A., Inc. transferred operatorship of this unit to Dugan Production Corp. having completed arrangements for the sale of Chevron U.S.A.'s interest to Dugan Production. The necessary paper work to designate Dugan Production as successor operator is circulating for West Bisti Unit working interest owner's approval and will be forwarded to the BLM upon execution by all the working interest owners. In the interim, Dugan Production is acting as agent for Chevron, U.S.A. as unit operator.

RECEIVED

DEC 30 1990

THIS APPROVAL EXPIRES

DEC 31 1990

OPER. DIV.

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

SIGNED Jim E. Jacobs TITLE Agent

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY:

APPROVED

DATE **12-29-89**

MAD 87 1989

DATE

FOR AREA MANAGER
FARMINGTON RESOURCES AREA

*See Instructions on Reverse Side