P.O. Box 1980, Hobbs, NM 88240

Form C-103

OIL CONSERVATION DIVISION P.O. Box 2088

Revised	

WELL API NO.

30-045-05595

DISTRICT II P.O. Drawer DD, Artesia, NM 88270 Santa Fe, New Mexico 87504-2088		5. Indicate Type of Lease STATE X FEE			
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No. E-9707		
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" (FORM C-101) FOR SUCH PROPOSALS.)			7. Lease Name or Unit Agreement Name		
I. Type of Well: OIL GAS WELL X WELL OTHER		West Bisti Unit			
2. Name of Operator			8. Well Na		
Dugan Production Corp.			158		
3. Address of Operator			9. Pool name or Wildcat		
P.O. Box 420, Farmington,	NM 87499		Bisti Lower Gallup		
	Township 26N Ra	nge 13W	Feet From The West Line NMPM San Juan County		
	10. Elevation (Show whether	DF, RKB, RT, GR, etc.)			
XIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	//// 6288 GI		enort or Other Data		
11. Check Appropriate Box to Indicate Nature of Notice, R NOTICE OF INTENTION TO: SUE		SEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	PLUG AND BANDON	REMEDIAL WORK	ALTERING CASING		
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT			
PULL OR ALTER CASING	1.	CASING TEST AND CEMENT JOB			
OTHER:		OTHER:			
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.					
Plug by setting Class B + 6% gel plugs as follows:					
1. 100' plug across Gallup top @ 4695'.					
2. Perforate 50" below Mesa Verde top @ 1960' and spot 100' plug inside and outside casing.					

- 3. Perforate 50 below Pictured Cliffs top @ 1210 and spot plug inside and outside casing to cover Fruitland top @ 895.
- 4. Perforate 50 below surface casing @ 212' and circulate cement to surface.

I hereby certify that the information above is true and complete to the best of my browled SIGNATURE John Alexander	ge and belief. THE Operations Manager	date _6/30/92
TYPE OR PRINT NAME John Alexander		TELEPHONE NO.
(This space for State Use)		a a anaa
Original Signed by CHARLES SHOUSDA	_ mus	DATE 1101 3 0 1938
CONDITIONS OF APPROVAL, IP ANY:		