

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENTFORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993**SUNDRY NOTICES AND REPORTS ON WELLS**Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT -" for such proposals**SUBMIT IN TRIPLICATE**

1. Type of Well

☐ Oil
Well☐ Gas
Well☒ Other

*Injector Well

2. Name of Operator

Dugan Production Corp.

3. Address and Telephone No.

P.O. Box 420, Farmington, NM 87499 (505) 325 - 1821

Location of Well (Footage, Sec., T., R., M., or Survey Description)

1990' FSL & 1960' FWL
Sec. 35, T26N, R13W, NMPM

5. Lease Designation and Serial No.

SF 078155

6. If Indian, Allotted or Tribe Name

7. If Unit or CA, Agreement Designation

West Bisti Unit

8. Well Name and No.

West Bisti Unit #153

9. API Well No.

30 045 05619

10. Field and Pool, or Exploratory Area

*Bisti Lower Gallup

11. County or Parish, State

San Juan, NM

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

TYPE OF ACTION

- ☒ Notice of Intent
- ☐ Subsequent Report
- ☐ Final Abandonment Notice

- ☐ Abandonment
- ☐ Recompletion
- ☐ Plugging Back
- ☐ Casing Repair
- ☐ Altering Casing
- ☒ Other

Continue temporary
abandoned status

- ☐ Change of Plans
- ☐ New Construction
- ☐ Non-Routine Fracturing
- ☐ Water Shut-Off
- ☐ Conversion to Injection
- ☐ Dispose Water

(Note: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

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.)*

Operator applies for continued temporary abandoned status. This well is properly temporarily abandoned. A mechanical integrity test was run May 17, 1996. The operator wants to reserve this wellbore for possible return to injection.

THIS APPROVAL EXPIRES JAN 01 2000

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

Signed



Title

Vice-President

Date

1/8/99

(This space for Federal or State office use)

Approved by

Title

Date

1/13/99

Conditions of approval, if any: