| Form 3160-5<br>(June 1990)   | DEPARTMENT  |                   | NTERIOR   | FORM APPROVED Budget Bureau No. 1004-0135 Expires: March 31, 1993 5. Lesse Designation and Serial No.               |
|--|---|-------------------|---|---|
| BUREAU OF LAND MANAGEMENT  |   |                   |   | SF 078155   |
| 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 |   |                   |   | 6. If Indian, Allottee or Tribe Name  |
|  |   |                   |   | 7. If Unit or CA, Agrocopest Designation  |
|  |   |                   |   | West Bisti Unit   |
| ON Well  |   |                   |   | 8. Well Name and No.  |
| 2. Name of Operator  Discrap Production Corp.  |   |                   |   | West Bisti Unit 150   |
| Dugan Production Corp.  3. Address and Telephone No.   |   |                   |   | 30-045-05622  |
| P.O. Box 420, Farmington, NM 87499 (505) 325-1821  4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  |   |                   |   | 10. Field and Pool, or Exploratory Area *Bisti Lower Gallup   |
| • •  |   |                   |   | 11. County or Parish, State   |
| 1980' FNL - 1980' FEL<br>Sec. 35, T26N, R13W, NMPM   |   |                   |   | San Juan, NM  |
| 2. CHECI   | K APPROPRIATE BOX(s) 1  | O INDICA          | ATE NATURE OF NOTICE, REP   | ORT, OR OTHER DATA  |
| TYPE C   | TYPE OF SUBMISSION TYPE OF ACTION   |                   |   | N   |
| X Notic  | e of Intent   |                   | Abandonment Recompletion  | Change of Plans New Construction  |
| ☐ Subse  | equent Report   |                   | Plugging Back Casing Repair                                       | Non-Routine Fracturing Water Shut-Off   |
| Final A  | Abandonment Notice  |                   | Altering Casing   | Conversion to Injection   |
|  |   |                   | Other amend plugging procedure                                    | Dispose Water (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) |
| 3. Describe Proposed or  | Completed Operations (Clearly state all pertocations and measured and true vertical de- | nent details, and | give pertinent dates, including estimated date of start           | ting any proposed work. If well is directionally drilled,   |
| •  |   |                   | and action personnel to the second                                | DECENTE<br>MAR 2 0 1995   |
|  |   |                   |   | OH CON. DI<br>Dist. 3   |
| This   | will replace spot   | tions a           | edure to place a cast and top with 100' Clasement plug across the | iron bridge   |
|  |   |                   |   |   |
| · (/).   | e foregoing is true and correct   | 714-              | Operations Manager  | 3/9/95  |
| (This space for Federa   | Phy. Americal der   | Tide              | oberacions ranadar  | APPROVED  |
| Approved by  | l if any:   | Title             |   | Date  |