

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

**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.)

1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <b>Water Injection Well *</b>		3. LEASE IDENTIFICATION AND SERIAL NO. <b>SF 078165</b>
2. NAME OF OPERATOR <b>DUGAN PRODUCTION CORP.</b>		4. IF NEAR, ALLOTED OR TRIBE NAME
3. ADDRESS OF OPERATOR <b>P.O. Box 420, Farmington, NM 87499</b>		7. UNIT ASSIGNMENT NAME <b>West Bisti Unit</b>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface  <b>1880' FNL &amp; 660' FWL</b>		8. NAME OF LEASE NAME <b>West Bisti Unit</b>
14. PERMIT NO. <b>API# Unknown</b>		9. WELL NO. <b>151</b>
15. ELEVATIONS (Show whether OF, RT, CR, etc.) <b>6337' GI</b>		10. FIELD AND POOL, OR WILDCAT <b>*Bisti Lower Gallup</b>
		11. SEC., T., R., N., OR R1K. AND SURVEY OR AREA <b>Sec. 35, T26N, R13W, NMPM</b>
		12. COUNTY OR PARISH <b>San Juan</b>
		13. STATE <b>NM</b>

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF  
FRACTURE TREAT  
SHOOT OR ACIDIZE  
REPAIR WELL  
(Other)

X

PULL OR ALTER CASING  
MULTIPLE COMPLETION  
ABANDON\*  
CHANGE PLANS


SUBSEQUENT REPORT OF:

WATER SHUT-OFF  
FRACTURE TREATMENT  
SHOOTING OR ACIDIZING  
(Other)


REPAIRING WELL  
ALTERING CASING  
ABANDONMENT\*


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

17. DESCRIBE PROMISED 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.)

Casing was pressure test to 1,000 psi with loss to 500 psi in 5 minutes, indication very small leak. A sodium silicate based gel was squeezed into casing leak area. A re-test of casing to 500 psi lost 110 psi in 30 minutes, showing some decrease in leak.

To repair leak, we propose to run a retrievable casing patch (schematic attached). This patch will seal off casing leak from annular fluid while allowing a full annulus above and below patch with reduced annulus through the patched interval.

RECEIVED  
JUL 8 1990  
OILCON. DIV.  
DIST. 3

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

SIGNED

John Alexander  
John Alexander

TITLE

Operations Manager

DATE

6-6-90

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED

JUL 16 1990

John Alexander  
AREA MANAGER

NMOCD

\*See Instructions on Reverse Side



## PACKER INSTALLATION PLAN

