| Form 3160-5 (June 1990) | UNITED MATEM | | PORM APPROVED Budget Bureau No. 1004-0135 Expires: March 31, 1993 |
|---|---|--|--|
| SUNDRY NOTICES AND REPORTS ON WELLS | | | 5. Lease Designation and Serial No. SF 078156 6. If Indian, Allottee or Tribe Name |
| U THOU USE THIS TO | orm for proposals to drill o | or to deepen or reentry to a different reservoid ERMIT—" for such proposals | r |
| I. Type of Well | 7. If Unit or CA, Agreement Designation | | |
| Oil Gas Well Well 2. Name of Operator | West Bisti Unit 8. Well Name and No. | | |
| Dugan Prod 3. Address and Telephone N | West Bisti Unit 145 9 API Well No. | | |
| P.O. Box 420, Farmington, NM 87499 (505) 325-1821 4. Location of Well (Footage, Soc., T., R., M., or Survey Description) | | | 30-045-05640 10. Field and Pool, or Exploratory Area Bisti Lower Gallup |
| 660' FNL - 660' FEL Sec. 34, T26N, R13W, NMPM | | | II. County or Parish, State San Juan, NM |
| 12. CHECK A | APPROPRIATE BOX(s) T | O INDICATE NATURE OF NOTICE, REPO | |
| TYPE OF S | TYPE OF SUBMISSION TYPE OF ACTION | | |
| Notice of | | Abandonment Recompletion | Change of Plans New Construction |
| Subsequen | | Plugging Back Casing Repair | Non-Routine Fracturing Water Shut-Off |
| Final Abai | ndonment Notice | Altering Casing Other | Conversion to Injection Dispose Water |
| 13. Describe Proposed or Come | Seted Operations (Clearly state all section | ent details, and give pertinent dates, including estimated date of startin | (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) |
| casing leak. | Squeeze with Drill cement an | packer and bridge plug to cement volume calculated frid pressure test casing. If is not feasible, submit plug to plug to coment of the pressure test casing. If the pressure test casing the pressure test casing the pressure test casing test cases and the pressure test casing test cases are the pressure test cases and the pressure test cases are the pressure test cases and the pressure test cases are the pressure test ca | om extent of it is |
| 4. I hereby certify that the fore | going is Arue and correct | DIST. 3 | |
| Signed A] (This space for Federal or S | CALL AND CE CARTILLE OFFICE USE) | Tide Operations Manager | Date12/23/93 |
| Approved by | | Title | A PPROVED |
| | | | DEC 28 1993 |
| ide 18 U.S.C. Section 1001, marker representations as to any marker representations as to any marker representations. | akes it a crime for any person knowing er within its jurisdiction. | y and willfully to make to any department or agency of the United S | States any false, fictitious or fraudulent statements DISTRICT MANAGER |
| | | | |

*See Instruction on Reverse Side