

5 BLM 1 File 1 - WBU wios
UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER _____		3. ADDRESS OF OPERATOR P.O. Box 420, Farmington, NM 87499	7. UNIT AGREEMENT NAME West Bisti Unit
2. NAME OF OPERATOR DUGAN PRODUCTION CORP.		8. FARM OR LEASE NAME West Bisti Unit	9. WELL NO. 136
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' FSL & 1978' FEL		10. FIELD AND POOL, OR WILDCAT Bisti Lower Gallup	11. SEC., T., R., M., OR BLK. AND SUBV. OR AREA Sec. 26, T26N, R13W, NMPM
14. PERMIT NO. API# 30-045-05646-0031	15. ELEVATIONS (Show whether OP, ST, CR, etc.)	12. COUNTY OR PARISH San Juan	13. STATE NM

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Pressure Test</u>	<input checked="" type="checkbox"/>

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

17. 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.)*

Pressure tested casing to 600 psi. Held with no leak. Request continued shut-in status.

JUN 8 1991
OIL CON. DIV.
DIST. 3

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

SIGNED John Alexander TITLE Operations Manager
(This space for Federal or State office use)

DATE 4-18-91

ACCEPTED FOR RECORD

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side

PERMITTING RESOURCE AREA

SMW