Form 3160-5	UNITE	STATES	PORM APPROVED
(June 1990)	DEPARTMENT (OF THE INTERIOR /	Budget Buresu No. 1004-0135 Expires: March 31, 1993
BUREAU (ND MANAGEMENT	5. Lesse Designation and Serial No.
			SF 078091
SUNDRY NOTICES AND REPORTS ON WELLS			6. If Indian, Allottee or Tribe Name
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			
036	APPLICATION FOR P	ERMIT — for such proposals]
	7. If Unit or CA, Agreement Designation		
1. Type of Well	West Bisti Unit		
Oil Gas G	8. Well Name and No.		
2. Name of Operator	West Bisti Unit 129		
Dugan Production Corp.			9. API Well No.
3. Address and Telephone No.	30-045-05673		
P.O. Box 420, Farmington, NM 87499 (505) 325-1821			10. Field and Pool, or Exploratory Area
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)			Bisti Lower Gallup
1980' FSL - 1980' FWL			11. County or Parish, State
Sec. 28, T26N, R13W, NMPM			San Juan, NM
2. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA			T, OR OTHER DATA
TYPE OF SUBA	TYPE OF SUBMISSION TYPE OF ACTION		
Notice of Interes	1	Abandonment	Change of Plans
		Recompletion	New Construction
Subsequent Rep	nort	Plugging Back	Non-Routine Fracturing
		Casing Repair	Water Shut-Off
Final Abandonn	nest Notice	Altering Casing	Conversion to Injection
		X Coher Long-term shut-in	Dispose Water
			(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)
 Describe Proposed or Completed silve subsurface locations an 	Operations (Clearly state all pertire	cot details, and give pertinent dates, including estimated date of starting a he for all markers and zones pertinent to this work.)*	ay proposed work. If well is directionally drilled,
•	DEAR	TO THE REAL PROPERTY.	
		C 0007	
	OIL COR		
This wal		produce in paying quantities	dam animhimm
market c	onditions. A	long-term shut-in status is	remiested
		Tong Colm Bilde III Bededs IB	requested.
		JUL 9 1 1997	8 8
79115 APPROVAL EXPIRES			
			နိုင်ငံ သတ်
			그 그리 뭐 그룹
4. I hereby certify thirthe foregoing is true and correct			
/\ Au \	Year and contect	Operations Manager	ु । 77/17/96
Cary B		TideOPERATIONS Manager	Date
(This space for Federal or State of	office use)		
Approved by	· · · · · · · · · · · · · · · · · · ·	Tide	Date
· · · · · · · · · · · · · · · · · · ·		NMOCD	PEU
			-11:1 - 2 1006
de 18 U.S.C. Section 1001, makes representations as to any matter with	it a crime for any person knowing	ly and willfully to make to any department or agency of the United Sta	ice any false Settions or spindulent statements
	una de jurisciktion.	/	・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・