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Form 3160-5
(November 1983)
(Formerly 9-331)

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.)

5. LEASE DESIGNATION AND SERIAL NO.: SF-078091

6. IF INDIAN, ALLOTTEE OR TRIBE NAME:

1. OIL WELL [X] GAS WELL [ ] OTHER

7. UNIT AGREEMENT NAME: West Bisti Unit

2. NAME OF OPERATOR: DUGAN PRODUCTION CORP.

8. FARM OR LEASE NAME: West Bisti Unit

3. ADDRESS OF OPERATOR: P.O. Box 420, Farmington, NM 87499

9. WELL NO.: 127

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface: 1980' FNL & 1980' FEL

10. FIELD AND POOL, OR WILDCAT: Bisti Lower Gallup

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: Sec.28,T26N,R13W,NMPM

14. PERMIT NO. API# 30-045-05684-0000

15. ELEVATIONS (Show whether DF, RT, GR, 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	[ ]	PULL OR ALTER CASING	[ ]	WATER SHUT-OFF	[ ]	REPAIRING WELL	[ ]
FRACTURE TREAT	[ ]	MULTIPLE COMPLETE	[ ]	FRACTURE TREATMENT	[ ]	ALTERING CASING	[ ]
SHOOT OR ACIDIZE	[ ]	ABANDON*	[ ]	SHOOTING OR ACIDIZING	[ ]	ABANDONMENT*	[ ]
REPAIR WELL	[X]	CHANGE PLANS	[ ]	(Other)			[ ]
(Other)				(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.)*

We plan to move on this well within the next sixty (60) days and check for casing leak and repair same or plug well if repairing is not practical.

RECEIVED
JUL - 3 1990
OIL CON. DIV.
DIST. 3

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

SIGNED Jim L. Jacobs TITLE Geologist DATE 6-4-90

(This space for Federal or State office use)

APPROVED

APPROVED BY _____ TITLE _____ DATE JUN 28 1990

CONDITIONS OF APPROVAL, IF ANY:

NMOCD

Ken Townsend
FOR AREA MANAGER

*See Instructions on Reverse Side