

Form 3160-5  
(June 1990)UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

## SUNDRY NOTICES AND REPORTS ON WELLS

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

## SUBMIT IN TRIPLICATE

## 1. Type of Well

☐ Oil Well☐ Gas Well☒ Other

\*Water Injection Well P&amp;A

## 2. Name of Operator

Dugan Production Corp.

## 3. Address and Telephone No.

P.O. Box 420, Farmington, NM 87499 (505) 325-1821

## 4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

1980' FSL - 1980' FEL  
Sec. 19, T26N, R13W, NMPM

## FORM APPROVED

Budget Bureau No. 1004-0135

Expires: March 31, 1993

## 5. Lease Designation and Serial No.

NM 013492

## 6. If Indian, Altonce or Tribe Name

## 7. If Unit or CA, Agreement Designation

West Bisti Unit

## 8. Well Name and No.

West Bisti Unit 113

## 9. API Well No.

30-045-05749

## 10. Field and Pool, or Exploratory Area

\* Bisti Lower Gallup

## 11. County or Parish, State

San Juan, NM

## 12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

## TYPE OF SUBMISSION

☐ Notice of Intent☐ Subsequent Report☒ Final Abandonment Notice  
Final Cleanup

## TYPE OF ACTION

☐ Abandonment☐ Recompletion☐ Plugging Back☐ Casing Repair☐ Altering Casing☐ Other☐ Change of Plans☐ New Construction☐ Non-Routine Fracturing☐ Water Shut-Off☐ Conversion to Injection☐ Dispose Water

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

## 13. 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.)

The surface location was restored by removing the flowlines and injection riser, disking and seeding the pad. Final abandonment requested.

## 14. I hereby certify that the foregoing is true and correct

Signed Gary Brink  
(This space for Federal or State office use)Title Operations Manager

ACCEPTED FOR RECORD

Approved by \_\_\_\_\_  
Conditions of approval, if any:

Title \_\_\_\_\_

Date JUL 18 1996

NMOC

FARMINGTON DISTRICT OFFICE