TYPE OF SUBMISSION

Notice of Intent

Subsequent Report

representations as to any matter within its jurisdiction.

## UNITED STATES DEPARTMENT OF THE INTERIOR **BUREAU OF LAND MANAGEMENT**

	FORM	APPR	<b>0V</b>	ED
Bud	et Bur	esu No.	10	04-013
E.	i	11	11	1001

154	rafa pur	CBU 140.	(UUT	-013
	Expires:	March	31, 19	93
Leuc	Designat	ion and	Serial	No

			~	 	••
Lease					
NM	01	349	92		

4

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

6. If Indian, Allottee or Tribe Name

SUBMIT IN TRIPLICATE			
1. Type of Well	West Bisti Unit		
Well Gas Other	8. Well Name and No.		
2. Name of Operator	West Bisti Unit 110		
Dugan Production Corp.	9. API Well No.		
3. Address and Telephone No.	30-045-05745		
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' FNL - 1980' FWL	11. County or Parish, State		
Sec. 20, T26N, R13W, NMPM	San Juan, NM		

Water Shut-Off Casing Repair Aftering Casing Conversion to Injection Pressure Test Dispose Water (Note: Report results of multiple comple Completion or Recompletion Report and Log form.)

Abandonment

Recompletion

Plugging Back

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.)\*



TYPE OF ACTION

OIL CON. DIV

DIST. 3
GIH with 5½" model "R" packer set @ 5077'. 1
to 500 psi. Instant bleed off. Test failed. Pressure test casing

Change of Plans

New Construction

Non-Routine Fracturing

THIS APPROVAL EXPIRES LEU 3 1 1993

4. I hereby certify that the foregoing is true and correct	<del>-:</del>		
Signed John () llofande	Tide	Operations Manager	Date10/12/93
(This space for Federal or State office use)			APPROVED
Approved by Conditions of approval, if any:	Tide		900 FT 1 5 1993
02		¥	DISTRICT MANAGER
itle 18 U.S.C. Section 1001, makes it a crime for any nerson kno	wingly and willfull	on make in any department or sacrey of the Unit	ed States any false fictitious or fraudulent statements