

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Budget Bureau No. 1004-0133
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

SF 078899

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Blackrock Federal B

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Gallegos Gallup

11. SEC., T., R., M., OR S.W. AND
SURVEY OR AREA

Sec. 8, T26N, R11W, NMPM

12. COUNTY OR PARISH

San Juan

13. STATE

NM

1. OIL ☒ WELL GAS ☐ WELL OTHER ☐

2. NAME OF OPERATOR
DUGAN PRODUCTION CORP.

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

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

1980' FSL - 660' FWL

14. PERMIT NO.

15. ELEVATIONS (Show whether DT, RT, OR, etc.)

6156' RT

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

SUBSEQUENT REPORT OF:

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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.)*

Repair casing by running and cementing in place a 3 1/4" liner to cover portion of 5 1/4" production casing that is not reparable by conventional methods. Liner will be set a approximately 4,000' and cement circulated to surface.

RECEIVED
OCT 31/1990
OIL CON. DIV.
DIST. 3

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

SIGNED John Alexander

TITLE Operations Manager

DATE 10-11-90

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED

INMOCD

*See Instructions on Reverse Side

OCT 12 1990
FOR AREA MANAGER