

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

3. LEASE DESIGNATION AND SERIAL NO.

SF-078091

6. IF NEUMAN, ALLOTTEE OR TRIBE NAME

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.)

1. OIL WELL ☐ GAS WELL ☐ OTHER ☒ Water Injection Well\*

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

2200' FSL & 1400' FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether OF, ST, CR, etc.)

API# 30-045-13403-0000

7. UNIT AGREEMENT NAME  
West Bisti Unit

8. NAME OF LEASE NAME  
West Bisti Unit

9. WELL NO.  
131

10. FIELD AND POOL, OR WILDCAT  
\*Bisti Lower Gallup

11. SEC., T., R., N., OR S.E. AND  
SURVEY OR AREA

Sec. 28, T26N, R13W, NMPM

12. COUNTY OR PARISH 13. STATE  
San Juan NM

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)

PLUG OR ALTER CASING

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Pressure Test

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

XX

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

17. DESCRIBE PROMISED 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.)\*

Pressure tested casing to 600 psi. Held with no leak. Request continued shut-in status.

RECEIVED  
JUN 10 1991  
OIL CON. DIV.  
DIST. 3

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

SIGNED John Alexander

TITLE Operations Manager

DATE 4-18-91

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

\*See Instructions on Reverse Side