60-5 90)

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

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Budget Bun	eau No.	100	M-01	1
Expires:				•
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В	udget	Bur	esu No.	Ю	X-01	3
	Exp	irea:	March	31,	1993	

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	Louse	Designation	and	Scrial	No
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•	·	residence.	2CL MR	
S	F (78091		

	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

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

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

1. Type of Well		West Bisti Unit
Oil Gas Well X Other *Water S 1. Name of Operator Dugan Production Corp. 3. Address and Telephone No.	Source Well	8. Well Name and No. West Bisti Unit 131 9. API Well No. 30-045-13403
P.O. Box 420, Farmington, 4. Location of Well (Footage, Sec., T., R., M., or Survey D		10. Field and Pool, or Exploratory Area *Bisti Lower Callup
2200' FSL - 1400' FEL Sec. 28, T26N, R13W, NMPM		11. County or Parish, State San Juan, NM
12. CHECK APPROPRIATE BOX((s) TO INDICATE NATURE OF NOTICE, REPO	ORT, OR OTHER DATA
TYPE OF SUBMISSION	TYPE OF ACTION	1
X Notice of Intent	Abandonment	Change of Plans
Subsequent Report Final Abandonment Notice	Recompletion Plugging Back Casing Repair Altering Casing Other Continue Long Term S	New Construction Non-Routine Fracturing Water Shut-Off Conversion to Injection Dispose Water

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.)*

Request continuation of long term shut-in while unit is being studied to determine final disposition of this well.

JAN - 41993 OIL CON. DIV DIST S	THIS APPROVAL Extenses DEC 3 1 1993	RECEIVED BLM 92 DEC 21 FM2: 2
14. I hereby certify that the foregoing is true and correct Signed	Tide Operations Manager	
(This space. For Federal or State office use) Approved by Conditions of approval, if any:	Tide	APPROVED DEC 28 1992

AREA MANAGER Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.