

6 BLM 1 File
UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		3. LEASE DESIGNATION AND SERIAL NO. NM 55113	
2. NAME OF OPERATOR DUGAN PRODUCTION CORP.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P.O. Box 5820, Farmington, NM 87499-5820		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 790' FNL & 1850' FWL		8. FARM OR LEASE NAME Leah Marie	
14. PERMIT NO.		9. WELL NO. 1	
15. ELEVATIONS (Show whether OF, RT, GR, etc.) 6225' GL		10. FIELD AND POOL, OR WILDCAT Wildcat PC	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 23, T26N, R12W, NMPM	
		12. COUNTY OR PARISH San Juan	13. STATE NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) T.D., Casing & Cement <input checked="" type="checkbox"/>	

(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.)*

T.D. 1485' reached on 12-1-88. Conditioned hole. P.O.H. and ran CDL-CNL and IES logs by Welex. T.I.H. Circulate hole. Laid down drill pipe. Rigged up and ran 70 jts. 2-7/8" OD, 6.4#, 10 Rd, NEUE tubing for casing (T.E. 1477.82') set @ 1477' GL. Cemented with 75 sx 2% lodense w/1# celloflake/sk followed by 50 sx class "B" plus 1# celloflake/sk (total cement slurry = 213 cu.ft.). P.O.B. @ 11:30 PM 12-1-88. Circulated 2 bbls cement to surface. Released rig 12:00 midnight 12-1-88.

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

SIGNED

Jim L. Jacobs

TITLE

Geologist

DIST. 3

DATE 12-2-88

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side