

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

3. LEASE DESIGNATION AND SERIAL NO.

NM 55113

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Leah Marie

9. WELL NO.

1

10. FIELD AND POOL, OR WELDCAT

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

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

2. NAME OF OPERATOR
DUGAN PRODUCTION CORP.

3. ADDRESS OF OPERATOR
P.O. Box 5820, Farmington, NM 87499-5820

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

14. PERMIT NO.

15. ELEVATIONS (Show whether OF, RT, GR, etc.)

6225' GL

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACURE TREAT

SHOOT OR ACIDIZIN

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Pressure Test BOP & Casing

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

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

X

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.)*

Pressure tested BOP and surface casing 500 psi for
30 minutes - held OK.

Orig C104 is
Missing - this
was fax to Dugan
to replace.

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

SIGNED

Jim L. Jacobs

TITLE Geologist

DATE 11-30-88

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

ACCEPTED FOR RECORD

DATE DEC 12 1988

FARMINGTON RESOURCE AREA

*See Instructions on Reverse Side

BY KLD