

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENTFORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: March 31, 1993**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**

## 1. Type of Well

☒ Oil Well
 ☐ Gas Well
 ☐ Other

## 2. Name of Operator

Dugan Production Corp.

## 3. Address and Telephone No.

P.O. Box 420, Farmington, NM 87499 (505) 325 - 1821

## Location of Well (Footage, Sec., T., R., M., or Survey Description)

330' FSL & 330' FWL  
Sec. 29, T26N, R13W, NMPM

## 5. Lease Designation and Serial No.

SF 078091

## 6. If Indian, Allotted or Tribe Name

## 7. If Unit or CA, Agreement Designation

## 8. Well Name and No.

Patriot #1

## 9. APT Well No.

30 045 28579

## 10. Field and Pool, or Exploratory Area

Bisti Lower Gallup

## 11. County or Parish, State

San Juan, NM

## 12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

## TYPE OF SUBMISSION

## TYPE OF ACTION

- |  |   |  |
|--|---|--|
| <input checked="" type="checkbox"/> Notice of Intent | <input type="checkbox"/> Abandonment                        | <input type="checkbox"/> Change of Plans         |
| <input type="checkbox"/> Subsequent Report           | <input type="checkbox"/> Recompletion                       | <input type="checkbox"/> New Construction        |
| <input type="checkbox"/> Final Abandonment Notice    | <input type="checkbox"/> Plugging Back                      | <input type="checkbox"/> Non-Routine Fracturing  |
|  | <input type="checkbox"/> Casing Repair                      | <input type="checkbox"/> Water Shut-Off          |
|  | <input type="checkbox"/> Altering Casing                    | <input type="checkbox"/> Conversion to Injection |
|  | <input checked="" type="checkbox"/> Other Long term shut-in | <input type="checkbox"/> Dispose Water           |

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

## 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.)\*

The operator requests that this well continue long term shut-in. The well bore has value as a water disposal well.

**THIS APPROVAL EXPIRES OCT 01 2001**

## 14. I hereby certify that the foregoing is true and correct

Signed

*John Alexander*  
John Alexander

Title

Vice-president

Date

9/27/2000

(This space for Federal or State office use)

Approved by

Title

Date

10/19/00

Conditions of approval, if any:

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.

\*See Instruction on Reverse Side