Form 3160-5 (November 1983) (Formerly 0-331		FILE 1 - WBU wios UNITED STATES		Form approved. Budget Bureau No. 1004-013. Expires August 31, 1985
	BURE	MENT OF THE INT AU OF LAND MANAGEN	IENT	S. LEASE DESIGNATION AND SESSEE SO. SF-07804
SUNDRY NOTICES AND REPORTS ON WELLS RECEIVED (Do not use this form for proposals to drill or to deepen or plug back to a different resident;  Use "APPLICATION FOR PERMIT—" for such proposals.)				6. IF INDIAN, ALLOTTEE OR TRIBE NAME
**************************************	TELL OTHER	PSA	91 FEB 27 [111]:	Wast Diesi II-
DUGAN PI	RODUCTION	CORP.	321	West Bisti Unit
. ADORES OF OF			018 F. A. A. A. C. U.	West Bisti Unit
P.O. Box	420, Farming	ton, NM 87499		134
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*  See also space 17 below.)  At surface				Bisti Lower Gallup
1980' FSL &	660' FEL			11. BEC. T. R. M. OR BEE. AND Sec. 27, 126N, R13W, NMPM
AP1# 50 0 0 45-	05669-0000	15. REEVATIONS (Show whethe	r DF, ET, CR, etc.)	12. COURTY OR PARISE 13. STATE
).	Charle As			San Juan NM
	Check Ap	propriete box to Indicate	Nature of Notice, Report, or O	
TEST WATE	ESTI	CLL OR LLT R CASING	. —	NT ESPORT OF:
PRACTURE TO		ULTIPLE OMPLETS	FRACTURE TREATMENT	ALTERING WELL
REPAIR WELL	MAR 0 4 199	ANDON-	SHOOTING OR ACIDIZING	ABANDONMENT <sup>®</sup>
(Other)	OF CON	DIV.	(Other) (NOTE: Report results of Completion or Recouplet ent details, and give pertinent dates, in cations and measured and true vertical	f multiple completion on Wellion Report and Log form.)
plug BLM:	ged as foll	lows with amende	e to recover tubing from 2950 to 1745'. d procedure approved	Well was by Ron Snow,
	casing clo	osed-in. Cement 2890'.	3/8" tubing and set a "B" cement below reta communicated to casi	iner, with ng. Tagged
2.	Spot 177 owith 9 lb.	cu. ft. Class $^{"}B^{"}$	" cement 2800' to 150 00'.	0'. Load hole
3.	Perforate of	1346'. Spot 71 casing to plug	cu. ft Class "B" ins	ide and
4.	rc. Class	"b" Cement down	ow surface casing). 5¼" casing and circu casing and annulus f	lata to be a
	COmpare	ce repruary 22.	nors. Installed dry	hole marker.
ICHED JO	the foregoing is true  Alexanderal or State office us	Andles TITLE OF	perations Manager	DATT 2-26-91
PPROVED BY	PROVAL, IF AME:	TITLE		PATE FEB 2 8 1991
Approved as to place the	Plueping of the wa and is a season of an	ell aten. NAT	00 <b>0</b>	AREA MANAGIR
Survive Profession	the magazine	See Instructions	on Revene Side	FARMINGTON RESUMMED ARE
				A CONTROL SERVICE CONTROL OF THE CON