

6 BLM UNITED STATES 1 File SUBMIT IN TRIPLICATE*
DEPARTMENT OF THE INTERIOR (Other instructions on re-
verse side)
BUREAU OF LAND MANAGEMENT 1 Connelly

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	RECEIVED SEP 4 1985 BUREAU OF LAND MANAGEMENT FARMINGTON RESOURCE AREA
2. NAME OF OPERATOR DUGAN PRODUCTION CORP.	
3. ADDRESS OF OPERATOR P O Box 208, Farmington, NM 87499	
4. LOCATION OF WELL (Report location clearly and in accordance with BLM Form 3160-5, Rev. 1-83. See also space 17 below.) At surface 890' FSL - 890' FWL	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6081' GL; 6093' RKB

5. LEASE DESIGNATION AND SERIAL NO. N00-C-14-20-7467	
6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
7. UNIT AGREEMENT NAME	
8. FARM OR LEASE NAME Lucky Billy Charlie	
9. WELL NO. 2	
10. FIELD AND POOL, OR WILDCAT Gallegos Gallup Ext.	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 22, T27N, R13W, 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"/>	FULL 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) <u>4 1/2" Casing & Cement</u> <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.) *

Laid down drill pipe and collars.
Rigged up and ran 128 joints 4-1/2" O.D., 10.5#,
J-55, ERW ST&C casing (T.E. 5393.73') set at 5390' RKB. Cemented
first stage with 10 bbls mud flush, followed by 255 sx 50-50 poz
plus 2% gel & 1/4# flocele per sack. Good mud returns while
cementing (total cement slurry 1st stage 324 cf). Bumped plug
with 1500 psi - float held OK. Opened stage tool at 4210'.
Circulated with rig pump for 2 1/2 hours. Cemented second stage
with 10 bbls mud flush followed by 645 sx 65-35 plus 12% gel &
1/4# flocele per sack, followed by 50 sx 50-50 poz plus 2% gel &
1/4# flocele per sack (total cement slurry second stage 1489 cf).
TOTAL CEMENT SLURRY BOTH STAGES = 1813 cf. Full mud returns
throughout job. Circulated mud flush plus trace of contaminated
cement to surface. Closed stage tool with 2500 psi - held OK.
Nippled down BOP. Set 4 1/2" casing slips. Cut off casing and released
rig at 1:30 AM 8-31-85.

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

SIGNED Jim L. Jacobs

TITLE Geologist

DATE 9-3-85

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side