

**UNITED STATES**  
**DEPARTMENT OF THE INTERIOR**  
**BUREAU OF LAND MANAGEMENT**

SUBMIT IN TRIPLICATE\*  
(Other instructions on reverse 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. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER<br>2. NAME OF OPERATOR<br><b>DUGAN PRODUCTION CORP.</b><br>3. ADDRESS OF OPERATOR<br><b>P.O. Box 5820, Farmington, NM 87499-5820</b><br>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.<br>See also space 17 below.)<br>At surface<br><b>510' FSL &amp; 1980' FEL</b><br><br>14. PERMIT NO. <span style="float:right">5-18</span> | 5. LEASE DESIGNATION AND SERIAL NO.<br><b>SF-078931-B (CA#8561)</b><br>6. IF INDIAN, ALLOTTEE OR TRIBE NAME<br><br>7. UNIT AGREEMENT NAME<br><b>Central Cha Cha Unit</b><br>8. FARM OR LEASE NAME<br><b>Central Cha Cha Unit</b><br>9. WELL NO.<br><b>1</b><br>10. FIELD AND POOL, OR WILDCAT<br><b>Cha Cha Gallup</b><br>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA<br><b>Sec. 31, T29N, R13W, NMPM</b><br>12. COUNTY OR PARISH <span style="float:right">13. STATE</span><br><b>San Juan</b> <span style="float:right"><b>NM</b></span> |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.)<br><b>5935' GL; 5946' RKB</b>                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

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

| NOTICE OF INTENTION TO:                                                                               |                                               | SUBSEQUENT REPORT OF:                          |                                          |
|-------------------------------------------------------------------------------------------------------|-----------------------------------------------|------------------------------------------------|------------------------------------------|
| TEST WATER SHUT-OFF <input type="checkbox"/>                                                          | PULL OR ALTER CASING <input type="checkbox"/> | WATER SHUT-OFF <input type="checkbox"/>        | REPAIRING WELL <input type="checkbox"/>  |
| FRACTURE TREAT <input type="checkbox"/>                                                               | MULTIPLE COMPLETE <input type="checkbox"/>    | FRACTURE TREATMENT <input type="checkbox"/>    | ALTERING CASING <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/>                                                             | ABANDON* <input checked="" type="checkbox"/>  | SHOOTING OR ACIDIZING <input type="checkbox"/> | ABANDONMENT* <input type="checkbox"/>    |
| REPAIR WELL <input type="checkbox"/>                                                                  | CHANGE PLANS <input type="checkbox"/>         | (Other) <input type="checkbox"/>               | (Other) <input 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.)\*

Plan to plug and abandon the subject well within 90 days.

**RECEIVED**

MAY 17 1989

OIL CON. DIV.

DIST. 3

THIS APPROVAL EXPIRES **AUG 01 1989**

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

SIGNED

*Jim L. Jacobs*

TITLE

Geologist

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

**APPROVED**

DATE

5-9-89

DATE

MAY 12 1989

AREA MANAGER  
FARMINGTON RESOURCE AREA

\*See Instructions on Reverse Side

NMOCD