

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

5. LEASE DESIGNATION AND SERIAL NO.
SF-078931-B (CA#8561)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 420, Farmington, NM 87499

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
2130' FNL & 1850' FEL

7. UNIT AGREEMENT NAME
Central Cha Cha Unit

8. FARM OR LEASE NAME
Central Cha Cha Unit

9. WELL NO.
3

10. FIELD AND POOL, OR WILDCAT
Cha Cha Gallup

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 31, T29N, R13W, NMPM

14. PERMIT NO.
15. ELEVATIONS (Show whether DF, RT, CR, etc.)
5866' GL; 5877' RKB

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 ☐ PULL OR ALTER CASING ☐
FRACTURE TREAT ☐ MULTIPLE COMPLETE ☐
SHOOT OR ACIDIZE ☐ ABANDON* ☐
REPAIR WELL ☐ CHANGE PLANS ☐
(Other) Request Extension to P & A ☒

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐ REPAIRING WELL ☐
FRACTURE TREATMENT ☐ ALTERING CASING ☐
SHOOTING OR ACIDIZING ☐ ABANDONMENT* ☐
(Other) ☐

(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.)*

Request a 60 day extension of time in which to plug and abandon the subject well.

RECEIVED

OFFICE OF THE
SOLICITOR GENERAL

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

SIGNED Jim K. Jacobs
(This space for Federal or State office use)

TITLE Geologist

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

APPROVED

DATE 7-25-89

JUL 24 1989
DATE

*See Instructions on Reverse Side