

5 BLM 1 File 1 McHugh-Den 1 - Fmn  
**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. <b>OIL WELL</b> <input type="checkbox"/> <b>GAS WELL</b> <input checked="" type="checkbox"/> <b>OTHER</b>		5. <b>LEASE DESIGNATION AND SERIAL NO.</b> NM-58897
2. <b>NAME OF OPERATOR</b> DUGAN PRODUCTION CORP.		6. <b>IF INDIAN, ALLOTTEE OR TRIBE NAME</b>
3. <b>ADDRESS OF OPERATOR</b> P.O. Box 420, Farmington, NM 87499		7. <b>UNIT AGREEMENT NAME</b>
4. <b>LOCATION OF WELL</b> (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1190' FSL & 1500' FEL		8. <b>FARM OR LEASE NAME</b> Blazer
14. <b>PERMIT NO.</b>		9. <b>WELL NO.</b> 2
15. <b>ELEVATIONS</b> (Show whether DF, RT, GR, etc.) 6045' GL		10. <b>FIELD AND POOL, OR WILDCAT</b> Wildcat Pictured Cliffs
		11. <b>SEC., T., R., M., OR BLK. AND SURVEY OR AREA</b> Sec. 11, T30N, R14W, NMPM
		12. <b>COUNTY OR PARISH</b> San Juan
		13. <b>STATE</b> 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"/>	PULL 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"/>		<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)	<input checked="" type="checkbox"/> T.D., 4 1/2" casing & cement		<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.)\*

1895' T.D. reached on 7-3-89. Ran IES & Micrologs by Welex. Laid down drill pipe. Ran 71 its. 4-1/2" OD, 10.5 & 9.5#, 8 Rd, ST&C and LT&C casing (T.E. 1887') set @ 1886' GL. Cemented with 100 sx 2% lodense with 1/4# celloflake per sack followed by 60 sx class "B" with 1/4# celloflake per sack (total cement slurry = 277 cu.ft.). Had full mud returns while cementing. Circulated trace of cement to surface. P.O.B. @ 9:30 PM 7-3-89. Float held OK. Released rig @ 10:00 P.M. 7-3-89.

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

SIGNED Jim L. Jacobs TITLE Geologist

DATE 7-5-89

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

**ACCEPTED FOR RECORD**  
DATE

**JUL 07 1989**

**FARMINGTON RESOURCE AREA**

\*See Instructions on Reverse Side

BY KH