

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well <input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other	5. Lease Designation and Serial No. NM 16762
2. Name of Operator Dugan Production Corp.	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. P.O. Box 420, Farmington, NM 87499 505-325-1821	7. If Unit or C.A. Agreement Designation
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 790' FSL & 790' FWL (SW/4 SW/4) Unit M, Sec. 12, T23N, R10W	8. Well Name and No. Witty #1
	9. API Well No. 30 045 25677
	10. Field and Pool, or Exploratory Area Pictured Cliffs
	11. County or Parish, State San Juan County, NM

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA		
TYPE OF SUBMISSION	TYPE OF ACTION	
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> Other <u>Return to production</u>	<input type="checkbox"/> Dispose Water
		(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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 estimated and true vertical depths for all markers and zones pertinent to this work.)*

RECEIVED
FEB 24 1998
OIL CON. DIV.
DIST. 3

A 24 hr. test of this well was conducted. The attached orifice tester chart indicates a flow rate of 38 MCFD with 145 psi casing pressure. A gas sales line will be immediately laid and the well placed on production. This should be accomplished by your deadline for action of 3/1/98. If we are unable to accomplish line installation by that time, it will be absolutely no later than 3/15/98. We ask your approval for not conducting the required casing mechanical test at this time. To conduct this test, a packer would have to be run and the casing loaded with water. This packer would then have to be pulled and the well swabbed in. Since no water was produced during the test and the casing is holding 145 psi, there is little likelihood that a casing problem exists. We will, of course, run a casing pressure test if you feel it is necessary.

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

Signed John Alexander Title Vice-President Date 2-18-98

(This space for Federal or State office use)

Approved by _____ Title Acting Team Lead Date 2/25/98

Conditions of approval, if any:

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

*See Instruction on Reverse Side

