

5 BLM

1 File

Form 3160-5
(November 1983)
(Formerly 9-331)

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

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 OCT 11 1985
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 any boundary lines shown on map. See also space 17 below.) At surface 590' FNL - 860' FEL		
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, CR, etc.) 6842' GL; 6854' RKB	

5. LEASE DESIGNATION AND SERIAL NO. NM 16762
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME Witty
9. WELL NO. 5
10. FIELD AND POOL, OR WILDCAT Undes. Gallup
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 12, T23N, R10W, 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:		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 COMPLETION <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Spud & Surface Casing <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.)

M.I. & R.U. Four Corners Drilling Company rig #3. Spudded a 12 1/4" hole at 10:15 AM 10-9-85. Drilled to 224'. Ran 7 joints 8-5/8" OD, 24#, 8 Rd ST&C casing (T.E. 206') set at 219' RKB. Cemented with 135 sacks class "B" + 2% CaCl₂ (total cement slurry 159 cf). P.O.B. at 1:45 PM 10-9-85. Circulated approximately 2 bbls good cement to surface. Waited 12 hrs on cement. Tested BOP and surface casing 600 psi for 30 minutes before drilling out - held OK.

RECEIVED
OCT 16 1985
OIL CON. DIV.
DIST. 3

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

SIGNED Jim L. Jacobs TITLE Geologist DATE 10-10-85

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD
DATE

OCT 15 1985

NEEDCC
*See Instructions on Reverse Side

FARMINGTON RESOURCE AREA
DI 2913
BY 2913
any department or agency of the