

5 BLM 2 Celsius 1 File 1 NWPL
UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

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.)

3. LEASE DESIGNATION AND SERIAL NO.

NM 16589

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Mountain

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Potwin PC

11. SEC., T., R., W., OR B.L.M. AND SURVEY OR AREA

Sec. 15, T. 18N, R. 8W, NMPM

12. COUNTY OR PARISH 13. STATE

San Juan

NM

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

1650' FSL & 1650' FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, CR, etc.)

6868' GR

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

7. 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.)*

1.) Plugged well by pumping 60 sacks class "B" cement (71 cu. ft.) down 2-7/8" casing.*

2.) Will install dry hole marker and restore surface.

RECEIVED

APR 18 1990

OIL CON. DIV.
DIST. 3

Approved by _____
Listed as _____
Sufficiency _____

*Cementing work down 3-30-90.

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:

Handwritten initials

APPROVED	
DATE	4-12-90
Ken Townsend	
DATE	_____
FARMINGTON DISTRICT OFFICE	

*See Instructions on Reverse Side