

5 BLM 1 File
**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. **Bisti Gallup** **Dakota**
OIL WELL ☒ GAS WELL ☒ OTHER ☐

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 State requirements.* See also space 17 below.)
At surface
990' FNL & 990' FEL

15. **ELEVATIONS** (Show whether DF, RT, GR, etc.)
6734' GL; 6746' RKB

5. **LEASE DESIGNATION AND SERIAL NO.**
NM 45208

6. **IF INDIAN, ALLOTTEE OR TRIBE NAME**

7. **UNIT AGREEMENT NAME**

8. **FARM OR LEASE NAME**
Ivy League

9. **WELL NO.**
1

10. **FIELD AND POOL, OR WILDCAT**
Basin Dakota/Bisti Lower

11. **SEC., T., R., M., OR BLK. AND SURVEY OR AREA**
Gallup
Sec. 17, T 24N, R 9W, 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 COMPLETE <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 checked="" type="checkbox"/>	(Other) <input type="checkbox"/>	(Other) <input type="checkbox"/>

(Other) **Plug Back Dakota**

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.)*

In response to BLM letter of 5-14-86 #NM-45208 (WC) 3162.3-1.0 (016):

This well has been determined to be uncommercial in the Dakota formation.
We plan to plug back by setting a cast iron bridge plug @ 6162',
50' above the Dakota perfs and then perforate and frac the Gallup formation.

RECEIVED
JUN 05 1986
OIL CON. DIV.
DIST. 3

18. 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:

APPROVED

DATE 5-29-86

JUN 03 1986

DATE Jim L. Jacobs

AREA MANAGER
FARMINGTON RESOURCE AREA

*See Instructions on Reverse Side

111000