

5 BLM  
Form 3.60-5  
(November 1983)  
(Formerly 9-331)

1 File

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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. NM-17781
2. NAME OF OPERATOR DUGAN PRODUCTION CORP.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. BOX 420, FARMINGTON, NM 87499		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1450' FSL & 1180' FWL		8. FARM OR LEASE NAME Paul Revere
14. PERMIT NO. API # 30-045-28290		9. WELL NO. 92
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6180' GL		10. FIELD AND POOL, OR WILDCAT Wildcat PC
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 15, T26N, R13W, 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 PLANE <input type="checkbox"/>	(Other) Spud & surface casing <input checked="" type="checkbox"/>	
(Other) <input 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.)\*

Move in & rig up Salazar #4. Spud 9-7/8" hole at 2:30 P.M. 12-3-90. Drilling surface to 95'. T.O.H. with collars & bit. T.I.H. with 3 jts. 7", 20#, J-55 casing landed at 92'. Pump 5 bbls water. Cement with 40 sx class "B" neat (47.2 cu.ft.). Displace with 2.5 bbls water. Plug down 6:30 P.M. Circulate 1 bbl cement.

Nipple up BOP. Pressure test to 600 psi - held OK.

RECEIVED

JAN 22 1991

OIL CON. DIV.  
DIST. 3

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

SIGNED Jim V. Jacobs  
(This space for Federal or State office use)

TITLE Geologist

DATE 12-5-90

ACCEPTED FOR RECORD

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

JAN 03 1991

FARMINGTON RESOURCE AREA

\*See Instructions on Reverse Side

BY