Form 3160-5 (June 1990)

## UNITED STATES DEPARTMENT OF THE INTERIOR **BUREAU OF LAND MANAGEMENT**

| FORM APPRO        | OVED      |
|-------------------|-----------|
| Budget Bureau No. | 1004-0135 |
| Expires: March    | 31. 1993  |

| EMPOCE. MEDICO        | 21, 1772 |        |  |
|-----------------------|----------|--------|--|
| Lease Designation and | Scriel N | lo.    |  |
| SF-078931-B           | (CA      | #8561) |  |

| MOTICES AND REPORTS ON WELLS  | 6. If India  |
|---|--------------|
| m for proposals to drill or to deepen or reently to a different records | 9. If India: |

Do not use this for or reentry to a different reservoir. Use "APPLICATION FOR PERMIT-" for such proposals

SUNDRY NOTICES AND DEPONTS ON W

n, Allottee or Tribe Name

Change of Plans

**New Construction** 

Water Shut-Off

Non-Routine Fracturing

Conversion to Injection

|  | T IN TRIPLICATE                        | 7. If Unit or CA, Agreement Designation  |
|--|--|--|
| I. Type of Well  Oil Gas Well Well Other  2. Name of Operator  |  | Central Cha Cha Unit  8. Well Name and No.   |
| Dugan Production Corp.  3. Address and Telephone No. P.O. Box 420, Farmington, 4. Location of Well (Footage, Sec., T., R., M., or Survey D | NM 87499 (505) 325–1821 Description    | 9. API Well No. 30-045-07746  10. Field and Pool, or Exploratory Area Cha Cha Gallup |
| 810' FNL & 890' FWL<br>Sec. 31, T29N, R13W, NMPM   |  | 11. County or Parish, State San Juan, NM   |
| CHECK APPROPRIATE BOX(   | s) TO INDICATE NATURE OF NOTICE, REPOR | T, OR OTHER DATA   |
| TYPE OF SUBMISSION   | TVDF OF ACTION                         |  |

(Note: Report results of multiple completion on Well 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, Completion or Recompletion Report and Log form) give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

Abandonment

Recompletion

Plugging Back

Casing Repair

Altering Casing

Other Repair Well

Repair well as follows:

Notice of Intent

Subsequent Report

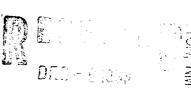
1. Swab test Gallup formation.

2. Acidize Gallup and swab to test.

3. If non-commercial, consider fracture treatment.

4. If still non-commercial, run injection test and consider conversion to disposal well.

5. Return well to production or injection service (after approval for conversion received).



TYPE OF ACTION

|  | (OIL CCC) 110,           |              |  |
|--|--------------------------|--------------|--|
| Signed John Alexander  (This space for Federal or State office uses) | Omorations Va            |              |  |
| (This space for Federal or State office use)                         | Title Operations Manager | Date11/30/93 |  |
| Approved by Conditions of approval, if any:                          | Title                    | Date         |  |
| Conditions of approval, if any:                                      | Trace                    | Date         |  |

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 faile, fictibous or transcentations as to any matter within in the state of the contract of the United States and faile, fictibous or transcentations as to any matter within in the state of the United States and faile, fictibous or transcentations as to any matter within its first and the state of the United States and faile, first and the state of the United States and faile, first and the state of the United States and faile its faile of the United States and the United or representations as to any matter within its jurisdiction

\*See Instruction on Reverse Side

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