

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

5. Lease Designation and Serial No.
SF-078931-B (CA #8561)

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

Central Cha Cha Unit

8. Well Name and No.
Central Cha Cha Unit 5

9. API Well No.
30-045-07746

10. Field and Pool, or Exploratory Area
Cha Cha Gallup

11. County or Parish, State
San Juan, NM

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

Dugan Production Corp.

3. Address and Telephone No.

P.O. Box 420, Farmington, NM 87499 (505) 325-1821

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

810' FNL & 890' FWL
Sec. 31, T29N, R13W, NMPM

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☒ Notice of Intent
☐ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other Repair Well
☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ Dispose Water

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

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, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Repair well as follows:

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).

RECEIVED
DEC-30-1993
OIL CO. DIV.

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

Signed John Alexander Title Operations Manager Date 11/30/93

(This space for Federal or State office use)

Approved by _____ Title _____ Date _____
Conditions of approval, if any:

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 false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

*See Instruction on Reverse Side

APPROVED
DEC 01 1993
DISTRICT MANAGER