

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	5. LEASE DESIGNATION AND SERIAL NO. NM 42740
2. NAME OF OPERATOR DUGAN PRODUCTION CORP.	6. IF INDIAN, ALOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P O Box 208, 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 1980' FSL - 660' FEL	8. FARM OR LEASE NAME Olson
	9. WELL NO. 1
	10. FIELD AND POOL, OR WILDCAT Undes. Gallup
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 11, T23N, R10W, NMPM
14. PERMIT NO.	12. COUNTY OR PARISH San Juan
15. ELEVATIONS (Show whether DF, ST, GR, etc.) 6748' GL; 6760' RKB	13. STATE NM

RECEIVED

OCT 10 1985

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other) T.D., 4 1/2" casing & cement	<input checked="" type="checkbox"/>		<input checked="" 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.)*

T.D. 4864'

Ran I.E.S. & C.D.L. logs by Welox. T.I.H. and conditioned mud for running casing. Laid down drill pipe and collars. Rigged up and ran 131 joints 4 1/2" OD, 10.5#, 8 Rd, LT&C & ST&C casing (T.E. 4893.04') set at 4864' RKB. Cemented first stage with 10 bbls mud flush followed by 215 sacks 50-50 pos + 2% gel & 1/4# flocele per sack. (Total cement slurry first stage=273 cf). Reciprocated casing OK while cementing. Bumped plug with 1200 psi. Had full mud returns while cementing. Float held OK. Dropped opening bomb. Opened stage tool at 3643'. Circulated with rig pump 3 hrs. Cemented second stage with 10 bbls mud flush followed by 575 sacks 65-35 + 12% gel and 1/4# flocele per sack followed by 100 sacks 50-50 pos with 2% gel & 1/4# flocele per sack. (Total cement slurry 2nd stage=1398 cf). (Total cement slurry used in both stages = 1671 cf). Full returns throughout job. Closed stage tool with 2500 psi. Circulated all mud flush & trace of contaminated cement. Job complete at 3:30 AM 10-9-85. Nippled down BOP and set 4 1/2" casing slips. Cut off casing and released rig at 5:30 AM 10-9-85.

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

SIGNED

Jim L. Jacobs

TITLE

Geologist

DATE

10-9-85

(This space for Federal or State office use.)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions Reverse Side