

6 BLM 1 Navajo Allotted
UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved SLC 1 File
Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

N00-C-14-20-7309

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Navajo Allottee

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Montreal

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

South-Bisti Gallup Ext.

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 4, T23N, R10W, NMPM

12. COUNTY OR PARISH

San Juan

13. STATE

NM

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 ☒ 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

1830' FNL & 660' FWL

14. PERMIT NO.

15. ELEVATIONS (Show whether OF, RT, GR, etc.)

6567' GL; 6579' KB

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

| |
|--------------------------|
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |

PCLL OR ALTER CASING

| |
|--------------------------|
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |

FRACTURE TREAT

MULTIPLE COMPLETION

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

| |
|--------------------------|
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |

REPAIRING WELL

| |
|--------------------------|
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other) Spud, Surface Casing & Test

X

(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.)*

Moved in & rigged up Four Corners Drilling Company
Rig #5. Spudded a 12 1/4 hole @ 8:30 AM 6-5-88.
Drilled to 215'. Ran 6 jts. 8-5/8" OD, 24#, 8 Rd,
ST&C casing (T.E. 192') set @ 204' RKB. Cemented
with 135 sx class "B" + 2% CaCl₂ (total cement slurry
= 159.3 cu.ft.). P.O.B. @ 11:45 AM 6-5-88.
Circulate 2 bbls cement to surface.

Note: pressure tested surface casing & BOP 600 psi
for 30 minutes - held OK.

RECEIVED
JUN 16 1988
OIL CON. DIV.
DIST. 3

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

SIGNED Jim L. Jacobs

TITLE Geologist

DATE 6-6-88

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

NMOCC