

1 Celsius-Denver;
Form 3160-5
(November 1983) 1 - SLC
(Formerly 9-331)

7 BLM 2 Navajo Allotted 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. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. NOO-C-14-20-7310	
2. NAME OF OPERATOR DUGAN PRODUCTION CORP.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo Allottee	
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 810' FSL & 730' FWL		8. FARM OR LEASE NAME Squaw Valley	
14. PERMIT NO.		9. WELL NO. 2	
15. ELEVATIONS (Show whether DF, RT, GK, etc.) 6547' GL; 6559' KB		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	

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

TEST WATER SHUT-OFF <input type="checkbox"/>		PULL OR ABANDON CASING <input type="checkbox"/>		WATER SHUT-OFF <input type="checkbox"/>		REPAIRING WELL <input type="checkbox"/>	
FRACTURE TREATMENT <input type="checkbox"/>		MULTIPLE COMPLETION <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 PLANS <input type="checkbox"/>		(Other) T.D., casing & cement <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.)

T.D. 4640' reached on 3-15-90. Conditioned hole. P.O.H. and ran IES and CDL logs by H.L.S. T.I.H. and conditioned mud. Laid down drill pipe and collars. Rigged up and ran 107 jts. 4-1/2" OD, 10.5#, J-55, 8 Rd, ST&C casing (T.E. 4641.95') set at 4637' RKB. Cemented 1st stage* with 235 sx 50-50 pos plus 2% gel and 1/4# cello-flake per sk (total slurry 1st stage = 298 cu.ft.). Reciprocated casing OK while cementing. Had full mud returns while cementing. Maximum cementing pressure 600 psi. Went 3 bbls over calculated displacement and did not bump plug. Float held OK. Dropped opening bomb and opened stage tool at 3510'. Circulated with rig pump for 2-1/2 hrs. (Note: while circulating with rig pump - circulated out 3 to 4 bbls cement from first stage). Cemented 2nd stage* with 700 sx 65-35 plus 12% gel and 1/4# celloflake per sk followed by 50 sx 50-50 pos plus 2% gel and 1/4# cello-flake/sk (total cement slurry 2nd stage = 1611 cu.ft.). Total cement slurry used in both stages = 1909 cu.ft. *Note: pumped 10 bbls mud flush in front of cement on both stages. Had full mud returns while cementing. Circulated approximately 15 bbls cement to surface on 2nd stage. Closed stage tool with 2500 psi - held OK. Job complete at 4:30 A.M. 3-16-90. Nipped down BOP, set 4-1/2" casing slips, cut off 4-1/2" casing and released rig at 6:00 A.M. 3-16-90.

I hereby certify that the foregoing is true and correct		Accepted For Record 3-16-90 MAR 26 1990	
SIGNED <u>Jim L. Jacobs</u>		TITLE <u>Geologist</u>	
(Leave space for Federal or State office use)			
APPROVED BY _____		TITLE _____	
CONDITIONS OF APPROVAL, IF ANY:		Chief, District Mineral Resources Farmington District Office	

*See Instructions on Reverse Side