

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

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 32124	
2. NAME OF OPERATOR DUGAN PRODUCTION CORP.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
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 2205' FSL & 2205' FWL		8. FARM OR LEASE NAME Calgary	
14. PERMIT NO. API #30-045-27822		9. WELL NO. 6	
15. ELEVATIONS (Show whether DF, ET, GR, etc.) 6547' GL; 6559' KB		10. FIELD AND POOL, OR WILDCAT South Bisti Gallup	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 6, T23N, R10W, NMPM	
		12. COUNTY OR PARISH San Juan	
		13. STATE NM	

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"/>	

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) Spud & Surface casing <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.)*

Moved in and rigged up Four Corners Drilling Company Rig #5. Spudded a 12-1/4" hole at 11:45 A.M. 10-11-90. Drilled to 234' RKB. Ran 5 its. 8-5/8" OD. 24#, 8 Rd. ST&C casing (T.E. 212.16') set @ 224' RKB. Cemented with 135 sx class "B" neat cement plus 2% CaCl, (total cement slurry = 159 cu.ft). P.O.B. at 8:00 P.M. 10-11-90. Circulated 2 bbls cement to surface. Nipped up BOP and tested BOP and surface casing 600 psi for 30 minutes - held OK.

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

SIGNED Jim L. Jacobs

TITLE Geologist

DATE 10-12-90

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

ACCEPTED FOR RECORD

CONDITIONS OF APPROVAL, IF ANY:

OCT 30 1990

*See Instructions on Reverse Side

FARMINGTON RESOURCE AREA

BY RET