Form approved. 5 BLM 1 File Budget Bureau No. 1004-0135 SUBMIT IN TRIPLICATE*
(Other instructions on re-Form 3160-5 UNITED STATES Expires August 31, 1985 DEPARTMENT OF THE INTERIOR (Other in (November 1983) 5. LEASE DESIGNATION AND SERIAL NO. (Formerly 9-331) SF 078859 BUREAU OF LAND MANAGEMENT 6. IF INDIAN, ALLOTTEE OR TRIBE NAME 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 proposal PECEIVE 7. UNIT AGREEMENT NAME WELL X WELL OTHER 8. FARM OR LEASE NAME NAME OF OPERATOR South Herfano - / DUGAN PRODUCTION CORP 9. WELL NO. BUREAU OF LAND MANAGEMENT FARMINGTON RESOURCE AREA 1 × PO Box 208 Farmington NM 87499 *** ANNINGTON RESC. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.** See also space 17 below.)

At surface 10. FIELD AND POOL, OR WILDCAT Bisti Gallup 11. SHC., T., B., M., OR BLK. AND BURVEY OR ARMA 660' FSL & 640' FWL Sec.15, T24N, R9W, NMPM12. COUNTY OR PARISH | 13. STATE 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 14 PERMIT NO. NM 6768' GL San Juan Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data 18. NOTICE OF INTENTION TO: REPAIRING WELL PULL OR ALTER CASING WATER SHUT-OFF TEST WATER SHUT-OFF FRACTURE TREATMENT ALTERING CASING MULTIPLE COMPLETE FRACTURE TREAT SHOOTING OR ACIDIZING ABANDON MENT ABANDON* SHOOT OR ACIDIZE CHANGE PLANS (Other) REPAIR WELL (Norm: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) Repair Casing Leak (Other) 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 sones pertiproposed work. If nent to this work.) This well has an apparent casing leak. We propose to locate the casing leak and squeeze with an amount of cement to be determined when the leak is located. We will then drill out and test the casing and place the well back on production. 18. I hereby certify that the foregoing is true and correct 9-4-86 Geologist DATE SIGNED Jim L Jácobs (This space for Federal or State office use) APPROVED BY CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

NIMACON

PARMANCTOM RECOUNCE AREA