| (November 1983) | 1 Southland 1 F | SUBMIT IN TRIPLICA | |
|--|-----------------------------------|-----------------------------|---|
| (Formerly 9-331) DEPARTMENT OF THE INTERIOR recognition of the Bureau of Land Management | | | |
| SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for proposals to drul or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals.) | | | NM/16759 6. IN INDIAN, ALLOTTEE OR TRIBE NAME |
| I. OIL CAB X OTHER | | SEP-6 AMII:31 | 7. UNIT AGREEMENT NAME |
| 2. NAME OF OPERATOR FARMINGTON RESOURCE AREA | | | S. FARM OR LEASE NAME |
| DUGAN PRODUCTION CORP. FARMINGTON, NEW MEXICO | | | Big Bird |
| P.O. Box 208, Farmington, NM 87499 | | | 1 |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements." See also space 17 below.) | | | 10. FIELD AND POOL, OR WILDCAT |
| At surface | | | Basin Dakota |
| 1520' FSL & 790' FWL | | | 11. SEC., T., E., M., OR RIK. AND SURVEY OR AREA |
| | | • | Sec. 5, T24N, R9W, NMPM |
| 14. PERMIT NO. | 15. BLEVATIONS (Show whether DF | , RT, GR, etc.) | 12. COUNTY OR PARISH 13. STATE |
| | 6771' RKB | | San Juan NM |
| 16. Check Appro | opriate Box To Indicate N | lature of Notice, Report, o | or Other Data |
| NOTICE OF INTENTIO | | | SEQUENT EMPORT OF: |
| TEST WATER SHUT-OFF PCLI | L OR ALTER CASING | WATER SHUT-OFF | REPAIRING WELL |
| FRACTURE TREAT MUL | TIPLE COMPLETE | FRACTURE TREATMENT | ALTERING CAHING |
| SHOOT OR ACIDIZE | YDON* | SHOOTING OF ACIDIZING | in & pad reseeded X |
| REPAIR WELL CHA. (Other) | NGE PLANS | (Norz: Report res | uits of multiple completion on Well |
| 17. DESCRIBE PROPOSED OR COMPLETED OPERAT | ions (Clearly state all pertinent | | outpletion Report and Log form.) |
| In response to BLM lette | | | ted July 29 1987 |
| the following work has b 1) The pits have been f Mix No. 2. | een completed to br | ing the Big Bird #1 | into compliance: |
| This well is now ready fo | or BLM inspection. | | ~ |
| | | | ON COM DIV. |
| | | | OR SOM DIV |
| 18. I hereby certify that the foregoing a true | and correct | Seologist | раты 9-4-87 |
| (This space for Federal or State office us | <i>q</i> | | SEP 0 8 1987 |
| APPROVED BY | TITLE | | DATE |
| CONDITIONS OF APPROVAL, IF ANT: | | | FARMINGTON RESOURCE AREA FARMINGTON, NEW MEXICO |
| | *See Instructions | on Reverse Side | |