

5 BLM 1 File
UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on reverse 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. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. NM 36473
2. NAME OF OPERATOR Dugan Production Corp.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P O Box 208, 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 790' FNL - 890' FWL		8. FARM OR LEASE NAME WAC
14. PERMIT NO.		9. WELL NO. 1
15. ELEVATIONS (Show whether DP, RT, GR, etc.) 6750' GL; 6762' RKB		10. FIELD AND POOL, OR WILDCAT Basin Dakota
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA		11. SRC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 17, T24N, R9W, NMPM
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.)		12. COUNTY OR PARISH San Juan
		13. STATE NM

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <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) <input type="checkbox"/>	
(Other) Plug Back <input checked="" type="checkbox"/>			

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

This well is producing from both the Gallup and Dakota formations.
We propose to plug off the Dakota formation and produce the Gallup only
as follows:

1. Pull rods and tubing.
2. Set cast iron bridge plug @ 6289' RKB (50' above top Dakota perms).
3. Dump 50' cement on plug with dump bailer.
4. Re-run tubing and rods and produce Gallup Formation only.

18. I hereby certify that the foregoing is true and correct		APPROVED DATE APR 03 1985 J. M. MILLENBACH AREA MANAGER
SIGNED <u>Jim L. Jacobs</u>	TITLE <u>Geologist</u>	
(This space for Federal or State office use)		
APPROVED BY _____	TITLE _____	
CONDITIONS OF APPROVAL, IF ANY:		

*See Instructions on Reverse Side