

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		<b>RECEIVED</b> OCT 29 1985 BUREAU OF LAND MANAGEMENT FARMINGTON RESOURCE AREA	5. LEASE DESIGNATION AND SERIAL NO. NM 41650	
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 1880' FSL - 400' FWL			8. FARM OR LEASE NAME Lee's Ferry	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6883' GL, 6895' RKB		9. WELL NO. 1
				10. FIELD AND POOL, OR WILDCAT Undesignated Gallup
				11. SEC., T., R., N., OR BLK. AND SURVEY OR AREA Sec.19, T24N, R8W, 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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	<input type="checkbox"/>	WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	FRACTURE TREATMENT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	(Other) Spud & Surface Casing	<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.)\*

M.I. & R.U. Four Corners Drilling Company Rig #3. Spudded a 12 1/4" hole at 11:00 AM 10-27-85. Drilled to 224'. Ran 7 jts. 8-5/8" OD, 24#, 8 Rd, ST&C casing (T.E. 205') set at 218' RKB. Cemented with 135 sx class "B" plus 2% CaCl<sub>2</sub> (total cement slurry 159 cf). P.O.B. at 2:00 PM 10-27-85. Circulated approximately 1/2 bbl cement to surface. Pressure tested casing & BOP 600 psi for 30 minutes before drilling out cement - held OK.

**RECEIVED**  
OCT 31 1985  
DIV.  
DIST. 3

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

SIGNED <u>Jim L. Jacobs</u>	TITLE <u>Geologist</u>	DATE <u>10-28-85</u>
(This space for Federal or State office use)		
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		

\*See Instructions on Reverse Side

NMOCC