

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

SUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse 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"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR DUGAN PRODUCTION CORP.	8. FARM OR LEASE NAME Phantom Ranch
3. ADDRESS OF OPERATOR P O Box 208, Farmington, NM 87499	9. WELL NO. 1
4. LOCATION OF WELL (Report location clearly and in accordance with app. State requirements. See also space 17 below.) At surface 2060' FNL - 1880' FWL	10. FIELD AND POOL, OR WILDCAT Undesignated Gallup <i>et.</i>
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 21, T24N, R8W, NMPM
15. ELEVATIONS (Show whether DV, RT, GR, etc.) 6777' GL; 6789' RKB	12. COUNTY OR PARISH San Juan
	13. STATE NM

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"/>		<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)	<input type="checkbox"/>	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.)\*

M.I. & R.U. Four Corners Drilling Company rig #11. Spudded 12 1/2" hole at 11:30 PM 6-26-85. Drilled to 218'. Ran 6 joints 8-5/8" OD, 24#, J-55, 8 Rd, ST&C casing (T.E. 201.53') set at 214' RKB. Cemented with 135 sacks class "B" plus 2% CaCl<sub>2</sub> (159 cf slurry). Circulated 2 bbls good cement to surface. P.O.B. at 3:30 AM 6-27-85.

RECEIVED  
JUL 1 1985  
OIL & GAS  
DIST. 9

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

SIGNED Sherman E. Dugan TITLE Geologist  
(This space for Federal or State office use)

DATE 6-27-85

ACCEPTED FOR RECORD

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

FARMINGTON RESOURCE AREA

BY [Signature]

\*See Instructions on Reverse Side

NMOCG