

5 BLM 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"/>		5. LEASE DESIGNATION AND SERIAL NO. NM 22044	
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 660' FSL - 810' FWL		8. FARM OR LEASE NAME Gold Medal	
14. PERMIT NO.		9. WELL NO. 4	
15. ELEVATIONS (Show whether DF, RT, CR, etc.) 6620' GL; 6632' RKB		10. FIELD AND POOL, OR WILDCAT South Bisti Gallup	
		11. SEC., T., R., W., OR BLK. AND SURVEY OR AREA Sec. 33, T24N, R10W, NMPM	
		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 COMPLETION	<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) T.D., 4 1/2" casing & cement	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>

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

7. 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.)\*

4800' T.D. reached on 4-25-87.

Ran 156 jts. 4 1/2" OD, 12.75#, J-55, 8 Rd EUE tubing for casing (T.E. 4819.66') set @ 4800' RKB with DV tool @ 3681' and float collar @ 4770'. Cemented 1st stage w/10 bbls mud flush & 200 sx 50/50 poz + 2% gel & 1/4# flocele per sack (total slurry 1st stage 254 cf). Had good circulation and reciprocated pipe while cementing. Bump plug with 1250 psi - held OK. P.O.B. 8:30 A.M. 4-25-87. Opened DV Tool with 1000 psi. Circulated 3 hrs. Cemented 2nd stage with 10 bbls mud flush followed by 550 sacks 65-35 poz + 12% gel + 1/4# flocele per sack followed by 65 sx 50/50 poz + 2% gel + 1/4# flocele per sack (total slurry 2nd stage = 1298 cf). Total slurry both stages = 1552 cf. Had good circulation while cementing. Circulated trace of cement to surface. Bumped plug with 2500 psi - held OK. P.O.B. 12:20 PM 4-25-87. Set slips, cut off casing and released rig @ 2:00 PM 4-25-87.

I hereby certify that the foregoing is true and correct

SIGNED Jim L. Jacobs

TITLE Geologist

ACCEPTED FOR RECORD  
DATE 4-27-87

(This space for Federal or State office use)

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

TITLE \_\_\_\_\_

DATE APR 28 1987  
FARMINGTON RESOURCE AREA  
BY Smm

\*See Instructions on Reverse Side

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