

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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		2. NAME OF OPERATOR DUGAN PRODUCTION CORP.		3. ADDRESS OF OPERATOR P.O. Box 208, Farmington, NM 87499		4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1850' FNL & 790' FEL		5. LEASE DESIGNATION AND SERIAL NO. NM 30854		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, CR, etc.) 6685' CL		7. UNIT AGREEMENT NAME		8. FARM OR LEASE NAME Phillips		9. WELL NO. 1		10. FIELD AND POOL, OR WILDCAT Wildcat Fruitland PC	
				11. SEC., T., R., M., OR B.L. AND SURVEY OR AREA Sec. 5, T24N, R9W, 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"/>	PERF 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) T.D. & 2-7/8" tubing for csg. <input checked="" type="checkbox"/>	

(Other) _____

(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.)*

T.D. 1850' reached on 9-6-87.

T.I.H. with drill pipe. Circulate hole. Lay down drill pipe and DCs.
T.I.H. with 84 joints 2-7/8" N.U. 10 Rd, 6.4# tubing. Land @ 1836' with float @ 1814'. Cement with 100 sx 2% Iodense + 1/4# celloflake/sk (206 cf). Tail with 75 sx class "B" + 1/4# celloflake/sk (88.5 cf). Total of 294.5 cf cement. Displaced with 10.5 bbls water. Plug down 3:30 PM. Bump plug with 1000 psi - held OK. Circulated 2 bbls contaminated cement.

RECEIVED
SEP 15 1987
OIL CON. 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>9-8-87</u>
(This space for Federal or State office use)		
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		

*See Instructions on Reverse Side