

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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. NM 63318
2. NAME OF OPERATOR DUGAN PRODUCTION CORP.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 420, 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  1680' FSL & 1830' FWL		8. FARM OR LEASE NAME Clarence
14. PERMIT NO. API #30-045-27996		9. WELL NO. 1
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6659' GL		10. FIELD AND POOL, OR WILDCAT Wildcat Pictured Cliffs
		11. SEC., T., R., M., OR B.L. AND SURVEY OR AREA Sec. 4, T24N, R9W, 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 COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANE	<input type="checkbox"/>
(Other)			

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			XX

(Note: Report results of multiple completion or 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 location and bearing and true vertical depths for all markers and zones pertinent to this work.)\*

RECEIVED  
NOV 27 1990  
OIL CON. DIV.  
DIST. 3

T.D. 1810' reached on 11-5-90. Condition hole. P.O.H. and run IES & CDL logs by B.P.B. Nipple down BOP. Rig up casers. T.I.H. with 60 its. 4-1/2", 11.6#, J-55 casing landed at 1798', F.C. at 1772'. Circulate hole. Pump 15 bbls water. Cement with 200 sx 2 3/4 lodense tail with 100 sx class "B" neat (522 cu.ft. slurry). Displace with 28 bbls water. Plug down 2:30 P.M. 11-6-90. Good circulation throughout job. Circulate 28 bbls cement. Rig released at 3:00 P.M. 11-6-90.

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

SIGNED Jim L. Jacobs  
(This space for Federal or State office use)

TITLE Geologist

DATE 11-7-90

ACCEPTED FOR RECORD

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

TITLE \_\_\_\_\_

DATE NOV 20 1990

FARMINGTON RESOURCE AREA

BY 229

\*See Instructions on Reverse Side