

Form 3160-5
November 1983)
formerly 9-331)

5 BLM 1 Andes 1 Lang 1 Robinson 1 File
UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Form approved
Budget Bureau No. 1004-0135
Expires August 31, 1985

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

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.)

RECEIVED

OIL WELL ☐ GAS WELL ☒ OTHER

NAME OF OPERATOR

DUGAN PRODUCTION CORP.

DEC 13 1985

ADDRESS OF OPERATOR

P O Box 208, Farmington, NM 87499

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

1100' FSL - 1600' FEL

5. LEASE DESIGNATION AND SERIAL NO.

NM 7993

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Tapacitos

9. WELL NO.

4

10. FIELD AND POOL, OR WILDCAT

Basin Dakota

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 36, T26N, R2W, NMPM

12. COUNTY OR PARISH 13. STATE

Rio Arriba

NM

PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

7595' GL; 7607' RKB

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETION

ABANDON*

CHANGE PLANS

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input checked="" type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

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

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.)*

Plan to use 5½", 15.5# and 17.0# casing to the setting depth of 8430' instead of 4½", 10.5# casing as reported on approved APD. Cement volumes will be contingent upon caliper logs. Stage tool locations will remain unchanged as reported.

RECEIVED
DEC 19 1985
OIL CON. DIV.
DIST. 3

I hereby certify that the foregoing is true and correct

SIGNED

Jim L. Jacobs

TITLE Geologist

DATE 12-12-85

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side