

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE*
(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 checked="" type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		7. UNIT ASSESSMENT NAME West Bisti Unit	
2. NAME OF OPERATOR DUCAN PRODUCTION CORP.		8. FARM OR LEASE NAME West Bisti Unit	
3. ADDRESS OF OPERATOR P.O. Box 420, Farmington, NM 87499		9. WELL NO. 165	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' FSL & 1980' FEL		10. FIELD AND POOL, OR WILDCAT Bisti Lower Gallup	
14. PERMIT NO. API# 30-045-05524-0001		11. SEC. T. R. M. OR BLM. AND SURTAX OR AREA Sec. 1, T25N, R13W, NMPM	
15. ELEVATIONS (Show whether DF, RT, CR, etc.)		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:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PCLL 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"/>		

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 checked="" type="checkbox"/> Pressure Test		<input checked="" type="checkbox"/> XX

(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.)

Pressure tested casing to 600 psi. Held with no leak. Request continued shut-in status.

RECEIVED
JUN 19 1991
OIL CON. DIV.
DST. 2

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

SIGNED <u>John Alexander</u>	TITLE <u>Operations Manager</u>	DATE <u>4-18-91</u>
(This space for Federal or State office use)		ACCEPTED FOR RECORD
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		

NMOCD

*See Instructions on Reverse Side

FARMINGTON RESOURCE AREA

Smn