

UNITED STATES
DEPARTMENT OF THE INTERIOR

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

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

5 BLM 1 File

BUREAU OF LAND MANAGEMENT

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"/>		7. UNIT AGREEMENT NAME West Bisti	
2. NAME OF OPERATOR Dugan Production Corp. as Agent for Chevron U.S.A., Inc.		8. FARM OR LEASE NAME West Bisti Unit	
3. ADDRESS OF OPERATOR P.O. Box 420, Farmington, NM		9. WELL NO. 159	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' FSL & 1,980' FEL		10. FIELD AND POOL, OR WILDCAT Bisti Lower Gallup	
14. PERMIT NO. API #30-045-05639-0002		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6169	
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		11. SEC. T., R., M., OR BLK. AND SURVEY OR AREA Sec. 35, T26N R13W	
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.)*		12. COUNTY OR PARISH San Juan	
		13. STATE NM	

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
TEST WATER SHUT-OFF	<input type="checkbox"/>	PCLL 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)	<input type="checkbox"/>		<input type="checkbox"/>
(Other) Request for extension-SI status X				(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)			
18. I hereby certify that the foregoing is true and correct							

BLM approval for long term shut in status expires 12-31-89. Dugan Production Corp. requests that the BLM extend this approval for 1 year, so that we will have time to formulate a unit plan of operation which will include this well, and will allow for optimum wellbore utility within the West Bisti Unit.

Effective 11-1-89, Chevron U.S.A., Inc. transferred operatorship of this unit to Dugan Production Corp. having completed arrangements for the sale of Chevron U.S.A.'s interest to Dugan Production. The necessary paper work to designate Dugan Production as successor operator is circulating for West Bisti Unit working interest owner's approval and will be forwarded to the BLM upon execution by all the working interest owners. In the interim, Dugan Production is acting as agent for Chevron, U.S.A. as unit operator.

RECEIVED

MAR 30 1990

OIL CON. DIV.
DIST. 3

THIS APPROVAL EXPIRES

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

SIGNED

TITLE Agent

DATE 12-29-89

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

NMOCD

*See Instructions on Reverse Side

APPROVED
DATE 12-29-89
DATE
FOR
FARMING FOR FUTURE USE