

Form 3160-5  
(November 1983)  
(Formerly 9-331)

5 BLM

1 File

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		3. LEASE DESIGNATION AND SERIAL NO. SF-078155
2. NAME OF OPERATOR DUCAN PRODUCTION CORP.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 420, Farmington, NM 87499		7. UNIT AGREEMENT NAME West Bisti Unit
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		8. FARM OR LEASE NAME West Bisti Unit
14. PERMIT NO. API# 30-045-05639-0002		9. WELL NO. 159
15. ELEVATIONS (Show whether OF, RT, CR, etc.)		10. FIELD AND POOL, OR WILDCAT Bisti Lower Gallup
		11. SEC. T, R, W, OR BLK. AND SURVEY OR AREA Sec. 35, T26N, R13W, 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:

TEST WATER SHUT-OFF

☐  
☐  
☐  
☐  
☐

PULL OR ALTER CASING

☐  
☐  
☐  
☐  
☒

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON\*

REPAIR WELL

CHANGE PLANS

(Other) Shut-in Extension

## SUBSEQUENT REPORT OF:

WATER SHUT-OFF

☐  
☐  
☐  
☐

FRACTURE TREATMENT

REPAIRING WELL

☐  
☐  
☐  
☐

SHOOTING OR ACIDIZING

ALTERING CASING

(Other)

ABANDONMENT\*

(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.)

Request 1 year extension of shut-in status of this well to continue evaluation of entire unit. Casing will be pressure tested to insure integrity. If casing fails pressure test, plans will be presented immediately to repair casing or plug and abandon.

RECEIVED

JAN 28 1991

OIL CON. DIV.  
DIST. 3

THIS APPROVAL EXPIRES DEC 31 1991

APPROVED

JAN 17 1991  
John Alexander  
4 AREA MANAGER

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

SIGNED

John Alexander  
(This space for Federal or State office use)

TITLE Petroleum Engineer

DATE 12-12-90

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE