

Form 3163-5  
(June 1990)UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

## SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals

## SUBMIT IN TRIPLICATE

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		7. If Unit or CA, Agrocept Designation  West Bisti Unit
2. Name of Operator Dugan Production Corp.		8. Well Name and No. West Bisti Unit 152
3. Address and Telephone No. P.O. Box 420, Farmington, NM 87499 (505) 325-1821		9. API Well No. 30-045-05624
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 1980' FNL - 1980' FEL Sec. 34, T26N, R13W, NMPM		10. Field and Pool, or Exploratory Area Bisti Lower Gallup
		11. County or Parish, State San Juan, NM

## 12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other <u>long-term shut-in</u>
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Dispose Water

13. 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.)

RECEIVED  
JUL 0 8 1994OIL CON. DIV.  
DIST. 3

This well is unable to produce in paying quantities under existing market conditions. A long-term shut-in status is requested.

THIS APPROVAL EXPIRES JUL 0 1 1995

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

Signed John Alexander Title Operations Manager Date 6/28/94  
(This space for Federal or State office use)Approved by \_\_\_\_\_ Title \_\_\_\_\_ Date APPROVED  
Conditions of approval, if any: \_\_\_\_\_

JUL 0 5 1994

for Chip Haraden  
WELL MANAGER

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

\*See Instruction on Reverse Side

