

Form 3160-5
(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

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

Dugan Production Corp.

3. Address and Telephone No.

P.O. Box 420, Farmington, NM 87499 (505) 325-1821

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

660' FNL - 660' FEL
Sec. 34, T26N, R13W, NMPM

FORM APPROVED

Budget Bureau No. 1004-0135

Expires: March 31, 1993

5. Lease Designation and Serial No.

SF 078156

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

West Bisti Unit

8. Well Name and No.

West Bisti Unit 145

9. API Well No.

30-045-05640

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

☐ Notice of Intent☒ Subsequent Report☐ Final Abandonment Notice

TYPE OF ACTION

☐ Abandonment☐ Recompletion☐ Plugging Back☐ Casing Repair☐ Altering Casing☒ Other Pressure Test☐ Change of Plans☐ New Construction☐ Non-Routine Fracturing☐ Water Shut-Off☐ Conversion to Injection☐ Dispose Water

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

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

OCT 20 1993

OIL CON. DIV.
DIST. 3

GIH with 5½" model "R" packer to 4877'. Pressure test casing to 500 psi. Slow bleed off. Test failed.

THIS APPROVAL EXPIRES Dec 1 1993

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

Signed John AlexanderTitle Operations ManagerDate 10/12/93

(This space for Federal or State office use)

Approved by _____
Conditions of approval, if any: _____

Title _____

APPROVED

OCT 15 1993

DISTRICT MANAGER