

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

5 BLM 1 File 1 - WBU wios

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"/>	7. UNIT AGREEMENT 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. 132
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1980' FSL & 660' FEL	10. FIELD AND POOL, OR WILDCAT Bisti Lower Gallup
11. PERMIT NO. API# 30-045-05670-0001	11. SEC. T. R. W. OR BLM. AND COUNTY OR AREA Sec. 28, T26N, R13W, NMPM
12. ELEVATIONS (Show whether SP, HY, 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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	<input type="checkbox"/>	WATER SHUT-OFF	<input type="checkbox"/>
FRACURE TREAT	<input type="checkbox"/>	FRACURE TREATMENT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	(Other)	<input type="checkbox"/>
(Other) Shut-in Extension	<input checked="" type="checkbox"/>		
PLUG OR ALTER CASING	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
CHANGE PLANS	<input type="checkbox"/>		

(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 23 1991

OIL CON. DIV.,
DIST. 3

APPROVED

FOR AREA MANAGER

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

SIGNED John Alexander
John Alexander

TITLE Petroleum Engineer

DATE 12-12-90

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

NM0001