

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

5 BLM

1 File

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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 ☒ GAS WELL ☐ OTHER ☐	7. UNIT AGREEMENT NAME West Bisti Unit
2. NAME OF OPERATOR DUGAN PRODUCTION CORP.	8. FARM OR LEASE NAME West Bisti Unit
3. ADDRESS OF OPERATOR P.O. Box 420, Farmington, NM 87499	9. WELL NO. 128
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FNL & 660' FWL	10. FIELD AND POOL, OR WILDCAT Bisti Lower Gallup
14. FPM NO. API# 30-045-05685-0000	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 28, T26N, R13W, NMPM
15. ELEVATIONS (Show whether DP, BT, 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:

TEST WATER SHUT-OFF

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PLUG OR ALTER CASING

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☐
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FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other) Shut-in Extension

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SUBSEQUENT REPORT OF:

WATER SHUT-OFF

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☐
☐

REPAIRING WELL

☐
☐
☐

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other)

(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.

DEC 31 1991

RECEIVED

JAN 28 1991

OIL CON. DIV.
(DIST. 3)

APPROVED

[Signature]
AREA MANAGER

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

SIGNED *[Signature]*
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 _____