1 - WBU WIOS

5 BLM 1 File

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

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE* (Other instructions on reverse 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 [X] GAS WELL [ ] OTHER

2. NAME OF OPERATOR: DUGAN PRODUCTION CORP.

3. ADDRESS OF OPERATOR: P.O. Box 420, Farmington, NM 87499

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface: 1980' FSL & 660' FWL

5. LEASE DESIGNATION AND SERIAL NO.: NM-013492

6. IF INDIAN, ALLOTTEE OR TRIBE NAME:

7. UNIT AGREEMENT NAME: West Bisti Unit

8. FARM OR LEASE NAME: West Bisti Unit

9. WELL NO.: 114

10. FIELD AND POOL, OR WILDCAT: Bisti Lower Gallup

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: Sec.20,T26N,R13W,NMPM

14. PERMIT NO.: API# 30-045-05750-0000

15. ELEVATIONS (Show whether DF, RT, GR, 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		PULL OR ALTER CASING		WATER SHUT-OFF		REPAIRING WELL	
FRACTURE TREAT		MULTIPLE COMPLETE		FRACTURE TREATMENT		ALTERING CASING	
SHOOT OR ACIDIZE		ABANDON*		SHOOTING OR ACIDIZING		ABANDONMENT*	
REPAIR WELL	XX	CHANGE PLANS		(Other)			
(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.)*

Operator intends to pull rods, pump, and tubing, pressure test casing to find holes, and repair to return well to production.

RECEIVED JUN 2 3 1990 OIL CON. DIV. DIST. 3

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

SIGNED John Alexander TITLE Operations Manager DATE 6-7-90

(This space for Federal or State office use)

APPROVED JUN 2 7 1990 Ken Townsend FOR AREA MANAGER

APPROVED BY _____ TITLE _____

CONDITIONS OF APPROVAL, IF ANY:

NMOCD

*See Instructions on Reverse Side