

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' FSL - 660' FEL
Sec. 18, T26N, R13W, NMPM

FORM APPROVED

Budget Bureau No. 1004-0135

Expires: March 31, 1993

5. Lease Designation and Serial No.

NM 013492

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 103

9. API Well No.

30-045-05810

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 amend procedure☐ 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.)

Amend plugging procedure approved 9-1-91 to use 8.34 lb./gal. 40 sec./qt. viscosity mud. This mud will provide well control and has been approved for other plugging operations in the same field.

RECEIVED

MAR 24 1993

OIL CON. L.V.
DIST. 3

070 FARMINGTON, NM

MAR 16 AM 10:28

RECEIVED
BLM

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

Signed

John Alexander
John Alexander

Title

Operations Manager

(This space for Federal or State office use)

Approved by

Conditions of approval, if any:

Title

NMOGD

APPROVED

Date 3/11/93

MAR 22 1993

DISTRICT MANAGER