

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

3. LEASE DESIGNATION AND SERIAL NO.

SF-078091

4. IF INDIAN, ALLOTTEE OR TRIBE NAME

10

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 ☒ Water Injection Well*

2.

NAME OF OPERATOR
DUCAN 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

7. UNIT ASSIGNMENT NAME

West Bisti Unit

8. FARM OR LEASE NAME

West Bisti Unit

9. WELL NO.

131

10. FIELD AND POOL, OR WILDCAT

*Bisti Lower Gallup *water well*

11. SEC., T., R., N., OR S.E., AND
SURVEY OR AREA

Sec. 28, T26N, R13W, NMPM

16. PERMIT NO.

18. ELEVATIONS (Show whether SF, ST, CR, etc.)

API# 30-045-13403-0000

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

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

PLUG OR ALTER CASING

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other) Shut-in Extension

<input checked="" type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

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

17. DESCRIBE PROMISED 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.

THIS APPROVAL EXPIRES DEC 31 1991

RECEIVED

JAN 28 1991

OIL CON. DIV.
DIST. 3

APPROVED

John F. Kelly
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: