

5 BLM 1 File
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"/>		5. LEASE DESIGNATION AND SERIAL NO. SF-080238	
2. NAME OF OPERATOR Dugan Production Corp.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P O Box 208, Farmington, NM 87499		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 2310' FWL - 990' FEL		8. FARM OR LEASE NAME Gee Gee	
14. PERMIT NO.		9. WELL NO. 1	
15. ELEVATIONS (Report whether DF, RT, GR, etc.) 5873' RKB		10. FIELD AND POOL, OR WILDCAT Gallegos-Gallup	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 31, T27N, R12W, NMPM		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"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	(Other) <input type="checkbox"/>
(Other) Plug Back <input checked="" 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.)*

Moved in pulling unit on July 31, 1985. Pulled tubing. Prepare to run rods and place well on pump as per letter dated April 26, 1985. Determined to have hole in casing at approximately 3100'. We propose to plug this well back and complete well in the Pictured Cliffs formation as follows:

- 1) Spot cement plug over Gallup perms from P.B.T.D. 5025' to 4725'
- 2) Spot 200' cement plug across top of Mesaverde formation 2800-2600'.
- 3) Perf 2 holes at 1500'.
- 4) Cement from 1500' to surface with 275 cubic feet cement.
- 5) Perforate Pictured Cliffs from 1170-1180' and test well.
- 6) Run 1 1/2" tubing and complete well.

RECEIVED
AUG 2 - 1985
OIL CON. DIV.
DIST. 2

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

SIGNED <u>Jim L. Jacobs</u>	TITLE <u>Geologist</u>	DATE <u>8-1-85</u>
(This space for Federal or State office use)		
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		

NMOCC

*See Instructions on Reverse Side