

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

RECEIVED
BLM

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)

1000' FNL - 1800' FEL
Sec. 29, T27N, R13W, NMPM

5. Lease Designation and Serial No.

NM 11580

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

KR 1

9. API Well No.

30-045-21838

10. Field and Pool, or Exploratory Area

WAW Fruitland Sand PC

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

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.)*

This well is to have a casing pressure test conducted by 10-1-93. The swab unit used to pull the small diameter and run the packer required to run these tests is unavailable. We request an extension until December 1, 1993, with the understanding that they will be conducted as soon as the unit is available.

THIS APPROVAL EXPIRES DEC 01 1993

U/O DISTRICT MGR, NM
9/28/93

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

Signed John Alexander

Title Operations Manager

Date 9/28/93

(This space for Federal or State office use)

Approved by _____

Title _____

Conditions of approval, if any:

APPROVED

DATE 12 1993

DISTRICT MANAGER

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false statement or representations as to any matter within its jurisdiction.

*See instruction on Reverse Side

NMOOD