

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"/>		2. NAME OF OPERATOR DUGAN PRODUCTION CORP.		3. ADDRESS OF OPERATOR P. O. Box 208, Farmington, NM 87499		4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface  450' FSL & 3600' FEL		5. LEASE DESIGNATION AND SERIAL NO. NM 349836 (CA#8561)		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, ST, GR, etc.) 5811' GL		7. UNIT AGREEMENT NAME Central Cha Cha Unit		8. FARM OR LEASE NAME Central Cha Cha Unit		9. WELL NO. 6		10. FIELD AND POOL, OR WILDCAT Cha Cha Gallup	
				11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 30, T29N, R13W, 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"/>	WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	FRACTURE TREATMENT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	(Other)	<input type="checkbox"/>
PLUG OR ALTER CASING	<input type="checkbox"/>	(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	
MULTIPLE COMPLETE	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
ABANDON*	<input checked="" type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
CHANGE PLANS	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>

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).\*

Plan to Plug and Abandon well as follows:

1. Spot cement plug across Gallup perms 5418' - 5497'
2. Spot cement plug across top of Mesaverde formation 2325' - 2425'
3. Spot cement plug across top of Pictured Cliffs formation 1400' - 1500'
4. Spot cement plug 375' - 225'
5. Spot 10 sk surface plug
6. Install dry hole marker and restore surface.

18. I hereby certify that the foregoing is true and correct		DATE 2/26/88	
SIGNED <i>[Signature]</i>	TITLE Vice President	DATE	
(This space for Federal or State office use)		AS AMY	
APPROVED BY	TITLE	DATE	
CONDITIONS OF APPROVAL, IF ANY:		MAR 9 1988	

\*See Instructions on Reverse Side

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