

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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Dugan Production Corp.	8. FARM OR LEASE NAME Carpenter
3. ADDRESS OF OPERATOR P.O. Box 208, Farmington, NM 87499	9. WELL NO. 1
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1730' FSL & 1800' FWL	10. FIELD AND POOL, OR WILDCAT Basin Dakota
14. PERMIT NO.	11. SEC., T., R., M., OF BLK. AND SURVEY OR AREA Sec. 25, T30N, R14W, NMPM
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5499' GL 5512 RK	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"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input checked="" type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input 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.)

The 4½" Casing was repaired in this well as follows:

1. A drillable bridge plug was set on wireline at 5510' RKB.
2. Ran 4½" Model "R" Packer and found two casing leaks, one from 3632' - 3662' & one from 2275' - 2306'.
3. Squeezed leak from 3632 - 3662' with 150 sx class "B" Cement.
4. Squeezed leak from 2275 - 2306' 200 sk of 2% Lodense followed by 100 sx class "B" Neat. (Total Slurry 530 cu.ft.) had intermittent circulation through braden head valve while cementing.
5. Drilled out cement and pressure tested casing -- held ok.
6. Cleaned out to PBTD 5916' RKB
7. Ran 187 joints of 2-3/8" O.D., 4.7#, 8 Rd EUE Tubing TE 5885.61 set @ 5894' RKB w/ Baker Model "R" Packer @ 5740'.
8. Swabbed tubing down and acidized Dakota formation w/250 gals 15% HCl acid. Swabbed acid back.
9. Blowing intermittently to atmosphere to clean up.

RECEIVED

MAR 22 1985

OIL CON. DIV.
DIST. 3

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

SIGNED Jim L. Jacobs

TITLE Vice President

DATE 3/14/85

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

ACCEPTED FOR RECORD

MAR 21 1985

*See Instructions on Reverse Side

FARMINGTON RESOURCE AREA