

6 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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM-16765	
2. NAME OF OPERATOR DUGAN PRODUCTION CORP.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P.O. Box 5820, Farmington, NM 87499-5820		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 830' FNL & 1530' FEL		8. FARM OR LEASE NAME Nice	
14. PERMIT NO.		9. WELL NO. 2	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5685' GL; 5697' RKB		10. FIELD AND POOL, OR WILDCAT Basin Dakota	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 4, T30N, R14W, NMPM	
		12. COUNTY OR PARISH San Juan	
		13. STATE NM	

18. 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"/>	PCLL 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) <u>Spud & Surface Casing</u> <input checked="" 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.)*

M.I. & R.U. Four Corners Drilling Company Rig #9.
Spudded a 12 $\frac{1}{4}$ " hole at 4:30 PM 12-3-88. Drilled to 241'. Ran 7 jts. 8-5/8" OD, 24#, 8 Rd, ST&C casing (T.E. 221') set @ 233' RKB. Cemented w/135 sx class "B" + 2% CaCl₂ (total cement slurry = 159 cu.ft.). P.O.B. at 11:30 PM. Circulated 3 bbls cement to surface.

Pressure tested BOP & surface casing 600 psi for 30 minutes - held OK.

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

SIGNED <u>Jim L. Jacobs</u>	TITLE <u>Geologist</u>	DATE <u>12-5-88</u>
(This space for Federal or State office use)		
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		

*See Instructions on Reverse Side