

5 BLM 1 File
UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on reverse 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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. NM 55114	
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 1850' FNL & 1850' FEL		8. FARM OR LEASE NAME Gibraltar	
14. PERMIT NO.		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, CL, etc.) 5596' GL		10. FIELD AND POOL, OR WILDCAT Wildcat - FR/PC	
		11. SEC., T., R., N., OR S.W., AND SURVEY OR AREA Sec. 9, T30N, R14W, 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.)*

This well was perforated and tested in the Fruitland basal coal and upper Pictured Cliffs formation. Commercial gas production was not encountered. We plan to plug back perfs 1125' - 1150' with 25 sx class "B" neat cement (29.5 cu. ft.) leaving 50' above top perf. Will perf and test upper Fruitland.

Discussed procedure with Steve Mason 3-17-88.

RECEIVED
MAR 21 1988
OIL CON. L. 40
DOCT. 3

RECEIVED
MAR 21 1988
FARMINGTON RESOURCE AREA
BUREAU OF LAND MANAGEMENT
NEW MEXICO

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

SIGNED <u>Jim L. Jacobs</u>	TITLE <u>Geologist</u>	DATE <u>3-18-88</u>
(This space for Federal or State office use)		
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		