

Form 3160-5
(November 1983)
(Formerly 9-331)

6 BLM 1 Navajo Allotted 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 ROOM

(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 ☒ GAS WELL ☐ OTHER ☐
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
1830' FNL & 1830' FEL
14. PERMIT NO.
15. ELEVATIONS (Show whether OF, RT, CR, etc.)
6625' GL; 6637' KB

5. LEASE DESIGNATION AND SERIAL NO.
NOO-C-14-20-7308
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Navajo Allottee
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Marathon
9. WELL NO.
2
10. FIELD AND POOL, OR WILDCAT
South Bisti Gallup
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 4, T23N, R10W, NMPM
12. COUNTY OR PARISH
San Juan
13. STATE
NM

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"/>
(Other)	<input type="checkbox"/>	(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	
PULL OR ALTER CASING	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
CHANGE PLANS	<input checked="" 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 use 9-5/8" surface casing instead of 8-5/8" casing as reported in APD. All other information on APD remains unchanged.

RECEIVED
JUN 03 1988
OIL CON. DIV.
DIST. 3

I hereby certify that the foregoing is true and correct
SIGNED Jim L. Jacobs TITLE Geologist DATE 5-31-88
(This space for Federal or State office use)
APPROVED BY chd TITLE AREA MANAGER DATE MAY 31 1988
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side