

2-MMS (Firm)
 Form J160-5
 (November 1983)
 (Formerly 9-331)

1-File 1-LF

UNITED STATES
 DEPARTMENT OF THE INTERIOR
 BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
 (Other instructions on re-
 verses 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		3. LEASE DESIGNATION AND SERIAL NO. WM 18946
2. NAME OF OPERATOR DUGAN PRODUCTION CORP.		4. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 420 Farmington, New Mexico 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 1340' FNL 680' FWL		8. FARM OR LEASE NAME Celsius
14. PERMIT NO.		9. WELL NO. 2
15. ELEVATIONS (Show whether DV, ST, OR, etc.) 6910' GL		10. FIELD AND POOL, OR WILDCAT Counselors Gallup Dakota
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		11. SEC. T. R. M. OR B.L. AND SURVEY OR AREA E Sec. 14 T23N R6W
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.) Well Placed on Production 1:00 A.M. P.M. June 13, 1989		12. COUNTY OR PARISH 13. STATE Rio Arriba New Mexico

NOTICE OF INTENTION TO:

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)	

SUBSEQUENT REPORT OF:

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

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

Type of Production _____ Crude Oil _____ Crude Oil & Casinghead Gas
 _____ Natural Gas X Natural Gas & Entrained Liquid Hydrocarbons

Communitization Agreement Number _____

ACCEPTED FOR RECORD

JUN 18 1990

FARMINGTON RESOURCE AREA

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

SIGNED [Signature] TITLE Prod. Report Supervisor DATE August 17, 1989

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
 CONDITIONS OF APPROVAL, IF ANY: