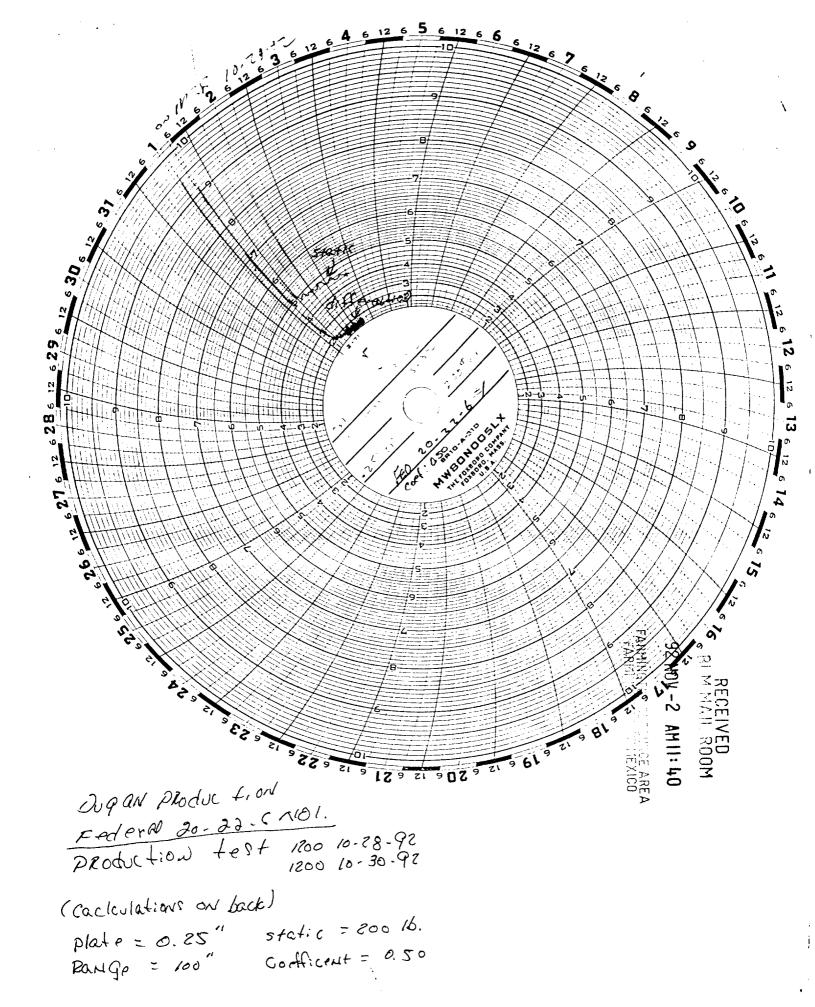
return to production 11-1-92.	DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT		PORM APPROVED Budget Buress No. 1004-0135 Expires: March 31, 1993  5. Lease Designation and Serial No. NM 17008	
1. Type of Wel	Do not use this form for propo	(		
Well None and Me.   Federal 20-22-6 1	I. "Proc of Well	SUBMIT IN TRIPLICATE		7. If Unit or CA, Agreement Designation
Digan Production Corp.  3. Address and Telephone No. P.O. Box 420, Farmington, NM 87499 (505) 325-1821  4. Location of Well (Foogle, Sec., T. R. M., or Survey Decipion) 4. Location of Well (Foogle, Sec., T. R. M., or Survey Decipion) 1480' F.T. R. M., or Survey Decipion) 1480' F.T. R. M., or Survey Decipion) 15. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA  TYPE OF SUBMISSION  TYPE OF ACTION  Notice of listes  Note of listes  Note Constructing  Subsequent Report  Pleging Bate Chair Report  Pleging Bate Chair Report  Note Constructing Note: Test Production  Dispose Water Please Report  Please Report  Dispose Water Please Reported and Please and Report of Plan 12  Dispose Water Please Reported and Please and Report of Plan Please Report of	☐ Oil ☑ Cas ☐ Other			
P.O. Box 420, Farmington, NM 87499 (505) 325-1821  4. Location of Well (Frongs, Sec. T. R. M. or Survey Description)  14. Or FSL - 1140' FVL Sec. 20, T22N, R6W, NMPM  15. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA  17PE OF SUBMISSION  17PE OF ACTION  18. Notice of Intere  29. Subrequent Report  20. Subrequent Report  20. Plant Abandonnest Notice  20. Plant Abandonnest Notice  20. Other Test Production  21. Describe Proposed or Completed Operations (Charty star all pertitions details, and plan pertitions details, details	Dugan Production Co	9. API Well No.		
1480' FSL - 1140' FWL Sec. 20, T22N, R6W, NMFM  12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA  TYPE OF SUBMISSION  TYPE OF ACTION    Notice of Inless	P.O. Box 420, Farmington, NM 87499 (505) 325-1821			10. Field and Pool, or Exploratory Area
TYPE OF SUBMISSION    Notice of Intest	1480' FSL - 1140' FWL			11. County or Parish, State
TYPE OF SUBMISSION    Notice of Intest	12. CHECK APPROPRIA	RT, OR OTHER DATA		
Recompletion   New Construction   New Recompletion   New Recompletion in United Reports of Teach   New Recompletion in Superior of Recompletion Recompletion   New Recompletion in New Recompletion   New Recompletion in New Recompletion   Ne	TYPE OF SUBMISSION		TYPE OF ACTION	
Albering Caling   Cooversion to Injection   Dispose Water   Completion   Dispose Water   (Dispose Water		□ R	ecompletion	New Construction
13. Describe Proposed or Completed Operations (Clearly sate all pertinent deaths, 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 was swabbed in and tested at 3.5 MCFD. Attached charten house production into the sales line for two day test period. Plan to return to production 11-1-92.  1. Describe Proposed or Completed Operations and measured and true vertical depths for all markers and zones pertinent to this work.)*  Well was swabbed in and tested at 3.5 MCFD. Attached charten house production into the sales line for two day test period. Plan to the production 11-1-92.  1. Describe Proposed Science and the sales of the control o	Final Abandonment Notice		tering Casing	Conversion to Injection Dispose Water (Note: Report results of multiple completion on Well
Title Operations Manager ACCEPTED FORDECORD  (This space for Federal of State office use)  Approved by	Well was swab production in return to pro	bed in and tested to the sales line duction 11-1-92.	at 3.5 MCFD. Atta for two day test p	RECEIVED BIM MAII ROOM Plan -2 AMII: 40 Plan -2 AREA PENCO
Approved by Title NOV 03 1992  Conditions of approval, if any:  FARMINGTON RESOURCE AREA  BY	Signed John ( Charle		rations Manager	ACCEPTED FØRSECORD
FARMINGTON RESOURCE AREA  BY 2017	Approved by	Title		NOV 03 1992
				34 22 T



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