

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

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	5. LEASE DESIGNATION AND SERIAL NO. NM 28748
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 790' FSL & 790' FEL	8. FARM OR LEASE NAME Kinsale
14. PERMIT NO.	9. WELL NO. 1
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7180' GL	10. FIELD AND POOL, OR WILDCAT Undesignated Pictured Cliffs
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 26, T 23N, R 7W, NMPM
	12. COUNTY OR PARISH Sandoval
	13. STATE NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

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 checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

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) <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.)*

Plan to plug & abandon well as follows:

1. Pull 1 $\frac{1}{4}$ " tubing.
2. Pump 50 sk cement plug down 2-7/8" casing (59 cf) to fill to ~~304'~~ Surface
2a) Fill backside from 145 to Surface
3. Install dry hole marker.
4. Recondition surface.

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

SIGNED

Jim L. Jacobs

TITLE

Geologist

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED-87

AS AMENOR

NOV 20 1987

FEDERAL MANAGER

*See Instructions on Reverse Side

NMOCG

5 BLM 1 So. Union Expl. 1 McHugh
UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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(Other instructions on re-
verse side)

Form approved. 1 File
Budget Bureau No. 1004-0135
Expires August 31, 1985

SUNDRY NOTICES AND REPORTS ON WELLS

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1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	69 JAN -9 PM 1:19	3. LEASE DESIGNATION AND SERIAL NO. NM 28748
2. NAME OF OPERATOR DUGAN PRODUCTION CORP.	FARMINGTON RESOURCE AREA FARMINGTON, NEW MEXICO	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 790' FSL & 790' FEL		8. FARM OR LEASE NAME Kinsale
		9. WELL NO. 1
		10. FIELD AND POOL, OR WILDCAT Undesignated Pictured Cliffs
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 26, T23N, R7W, NMPM
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7180' GL	12. COUNTY OR PARISH Sandoval
		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 checked="" 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"/>	

(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 has not been plugged. Will P & A well as per approved Notice of Intention to Abandon sundry which was previously filed.

This work will be done by April 1, 1989.

RECEIVED
JAN 20 1989
OIL CON. DIV.
DIST. 3

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

SIGNED <u>Jim L. Jacobs</u>	TITLE <u>Geologist</u>	DATE <u>1-6-89</u>
(This space for Federal or State office use)		
APPROVED BY <u>James E. Edwards Jr.</u>	TITLE <u></u>	DATE <u></u>
CONDITIONS OF APPROVAL, IF ANY:		

*See Instructions on Reverse Side