

5 BLM 1 File 1 Jack Cole
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.)

RECEIVED

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

14. PERMIT NO.

15. ELEVATIONS (Show whether OF, RT, GR, etc.)
7079' GL; 7091' KB

5. LEASE DESIGNATION AND SERIAL NO.

NM 14729

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Penistaja Wash

9. WELL NO.

26-16

10. FIELD AND POOL, OR WILDCAT

Undes. Gallup

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 26, T21N, R4W, NMPM

12. COUNTY OR PARISH 13. STATE
Sandoval NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

Change of Operator

(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 is to notify you of a change in Designation of Operator from
Jack A. Cole to Dugan Production Corp. effective September 4, 1985.

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

SIGNED

Jim L. Jacobs

TITLE

Geologist

ACCEPTED FOR RECORD

(This space for Federal or State office use)

DATE JUL 25 1986

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

FARMINGTON RESOURCE AREA

BY Smm

*See Instructions on Reverse Side

NMCCC