

1 Celsius-Denver;  
Form 3160-5  
(November 1983) 1 - SLC  
(Formerly 9-331)

7 BLM 2 Navajo Allotted

1 File

UNITED STATES

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

DEPARTMENT OF THE INTERIOR

BUREAU OF LAND MANAGEMENT

Form approved.

Budget Bureau No. 1004-0135  
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NOO-C-14-20-7310

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Navajo Allottee

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Squaw Valley

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

South Bisti Gallup Ext.

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

Sec. 4, T23N, R10W, NMPM

12. COUNTY OR PARISH 13. STATE

San Juan

NM

## 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 ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

DUGAN PRODUCTION CORP.

3. ADDRESS OF OPERATOR

P.O. Box 420, Farmington, NM 87499

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)

At surface

810' FSL & 730' FWL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

6547' GL; 6559' KB

16.

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) Extend APD ☒

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON\* ☐

CHANGE PLANS ☐

X

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) ☐

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT\* ☐

(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.)\*

Request permission to extend APD expiration date six months to November 25, 1989.

Additional time required for detailed geologic evaluation.

RECEIVED  
MAY 19 1989  
OIL CON. DIV.  
DIST. 3

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

SIGNED

Sherman E. Dugan

TITLE

Vice-President

DATE

5-4-89

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

NMOCC

\*See Instructions on Reverse Side