Form 3160-5 (June 1990)

I. Type of Well

## UNITED STATES DEPARTMENT OF THE INTERIOR **BUREAU OF LAND MANAGEMENT**

| PORM API        |               |
|-----------------|---------------|
| Budget Bureau N | io. 1004-0135 |
| Fraine: Man     |               |

|    | Budge | Bureau  | ı No. | 1004-0135  |
|----|-------|---------|-------|------------|
|    | Exp   | ires: M | arch  | 31, 1993   |
| 5. |       |         |       | Serial No. |

| UNDRY NOTICES | AND | REPORTS | ON | WELLS |
|---------------|-----|---------|----|-------|
|---------------|-----|---------|----|-------|

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

NM 55836 6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

| Oil Gas Other   |  | 8. Well Name and No.   |
|---|--|--|
| . Name of Operator  |  | Hendrix #2   |
| Dugan Production Corp.  |  | 9. API Well No.  |
| . Address and Telephone No.   |  | 30 045 29172   |
| P.O. Box 420, Farmington, N   | NM 87499 (505) 325-1821  | 10. Field and Pool, or Exploratory Area  |
| . Location of Well (Footage, Sec., T., R., M., or Survey Des                              | cription)  | W/C Escavada PC  |
| 990' FNL & 1850' FEL (NW/4 NE/  | <b>4</b> )   | 11. County or Parish, State  |
| Unit B, Sec. 7, T22N, R8W   |  | San Juan, NM   |
| CHECK APPROPRIATE BOX(s   | ) TO INDICATE NATURE OF NOTICE, RE   | PORT, OR OTHER DATA  |
| TYPE OF SUBMISSION  | TYPE OF ACT  | rion   |
| X Notice of Intent  | Abandonment  | Change of Plans  |
|   | Recompletion   | New Construction   |
| Subsequent Report   | Plugging Back  | Non-Routine Fracturing   |
|   | Casing Repair  | Water Shut-Off   |
| Final Abandonment Notice  | Altering Casing  | Conversion to Injection  |
|   | X Other Change of Plans o  | n Dispose Water  |
|   | Approved APD   | (Note: Report results of multiple completion on Well<br>Completion or Recompletion Report and Log form.) |
| information on approv   | ed APD remains the same.   | 37.055<br>51.057.25<br>070 F77.77  |
|   | ON GO FIGH L<br>ONLOOMS DUV<br>DVALS   | 25 Allo: 15  |
| 1. I hereby certify that the foregoing is true and correct                                | an com. Dev  |  |
| In I to un  | an com. Dev  |  |
| . I hereby certify that the foregoing is true and correct Signed                          | CON COM DEV  | 10/24/94   |
| Signed JIM L. JACODS  (This space for Federal or State office use)                        | CON COM DEV  | Date 10/24/94  |
| Signed Jim L. Jacobs  | CER COM SEY  | Date 10/24/94  |
| Signed Jim L. Jacobs  (This space for Federal or State office use)  Approved by           | CER COM SEY  | Date 10/24/94  |
| Signed  | CON CON SOLVE DESCRIPTION OF Title | Date 10/24/94  APPROVED  |
| (This space for Federal or State office use)  Approved by Conditions of approval, if any: | CER COM SEY  | Dete 10/24/94  APPROVED  |