

Form 160-5
(June 1990)UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUNDRY 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

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		FORM APPROVED Budget Bureau No. 1004-0135 Expires: March 31, 1993	
2. Name of Operator Dugan Production Corp.		5. Lease Designation and Serial No. NM 33039	
3. Address and Telephone No. P.O. Box 420, Farmington, NM 87499 (505) 325-1821		6. If Indian, Allottee or Tribe Name NM 33039	
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 790' FSL - 790' FWL Sec. 26, T24N, R7W, NMPM		7. If Unit or CA, Agreement Designation NM	
		8. Well Name and No. Raspberry 1	
		9. API Well No. 30-039-21816	
		10. Field and Pool, or Exploratory Area Escrito Gallup	
		11. County or Parish, State Rio Arriba, NM	

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
<input checked="" type="checkbox"/> Notice of Intent	<input checked="" type="checkbox"/> Abandonment - Date
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Dispose Water

(Note. Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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.)*

Will be plugged before 8-1-94.

RECEIVED
SEP 18 1993
OIL CO
DHS

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

Signed John AlexanderTitle Operations ManagerDate 9/7/93

(This space for Federal or State office use)

Approved by _____
Conditions of approval, if any:

Title _____

APPROVED

SEP 09 1993

DISTRICT MANAGER

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false statements or representations as to any matter within its jurisdiction.

*See Instruction on Reverse Side