8. I hereby certify that the SIGNED JIM L (This space for Federal of APPROVED BY CONDITIONS OF APPRO		TITLE	Oli i	AN2 8 1987 CON. DIV./ DIST. 3 ACCEPTED FOR RECORD AND 2 3 1987
SIGNED Jim L	Jacobs		Olt i	CON. DIV./ DIST. 3 ACCEPTED FOR BECOMO
. ^			Oli i	CON. DIV./ DIST. 3
			L' J. Olt i	AN2 8 1987 CON DOA
			1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
	•			THE RESIDENCE TO SERVICE THE RESIDENCE THE RESIDENCE TO SERVICE THE RESIDENCE TO SERVICE THE RESIDENCE TO SERVICE THE RESIDENCE
would like	e to keep the opt	tion to drill op	oen for a later date.	
Due to ch	anging economic	s, we elected	not to drill the well	lat this time. We
			(WC) $3162.3-1(F)$ (g to stipulations in	(016) dated 12-29-86: the approved APD.
proposed work. If we nent to this work.) *	ell is directionally drilled.	give subsurface locat	t details, and give pertinent de ions and measured and true ve	ates, including estimated date of starting an ertical depths for all markers and sones perti
REPAIR WELL (Other)	CHANGE PLAN	ε	(Other) Response (Note: Report res	e to BLM Letter dated X sults of multiple completion on Well outpletion Report and Log form.)
FRACTURE TREAT BROOT OR ACICUS	MULTIPLE CON	MPLETE	SHOOTING OR ACIDIZING	ALTERING CASING ABANDONMENT*
TEST WATER SHUT-OFF	PCLL OR ALTE	IR CASING	WATER SHUT-OFF	REPAIRING WELL
16. Not	Check Appropriate I	Box To Indicate N	lature of Notice, Report, o	or Other Data
		' GL; 7332' R		Rio Arriba NM
990' FSL - 730'		nons (Show whether or	BUREAU OF LAND MANAGEN FARMINGTON RESOURCE AL	MENT Sec. 14 T 25N R 3W NMPN 12. COUNTY OR PARISH 13. STATE
4. LOCATION OF WELL (Report See also space 17 below. At surface)	accordance with any	JAN 07 1987	10. FIELD AND POOL, OR WILDCAT West Lindrith Gallup/ Dakota Ext. 11. SHC., T., B., W., OR BLK. AND BURYET OR ARMA
P O Box 208, F	Farmington, NM		RECEIVED	5
DUGAN PRODU	JCTION CORP.	·		Hurt 9. WELL NO.
OIL GAS WELL C. NAME OF OPERATOR	взвто			8. FARM OR LEASE NAME
(Do not use this for			back to a different reservoir.	7. UNIT AGREEMENT NAME
SUND	RY NOTICES AN			SF 080539A 6. IF INDIAN, ALLOTTEE OR TRIBE NAME
	DEPARTMENT O			
Form 3:60-5 (November 1083) (Formerly 9-331)		STATES	SUBMIT IN TRIPLICA (Other lostructions on	

NMOCC