

5 BLM 2 Celsius 1 File
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.)

1. ☐ OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR
DUGAN PRODUCTION CORP.

3. ADDRESS OF OPERATOR
P.O. Box 5820, Farmington, NM 87499 -5820

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
1490' FSL - 1850' FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, CR, etc.)
7007' GL

3. LEASE DESIGNATION AND SERIAL NO.
NM 16589

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Mountain

9. WELL NO.
5

10. FIELD AND POOL, OR WILDCAT
Wildcat

11. SEC. T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 9, T24N, R8W, NMPM

12. COUNTY OR PARISH
San Juan

13. STATE
NM

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	<input type="checkbox"/>	WATER SHUT-OFF	<input type="checkbox"/>
FRACURE TREAT	<input type="checkbox"/>	FRACURE TREATMENT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	(Other)	<input type="checkbox"/>
(Other)	<input type="checkbox"/>	(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	<input type="checkbox"/>
PELL OR ALTER CASING	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
ABANDON*	<input checked="" type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
CHANGE PLANS	<input type="checkbox"/>		

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.)*

Due to adverse weather conditions, this well has not been plugged. We plan to plug and abandon as soon as weather permits.

APPROVAL EXPIRES MAY 01 1989

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

SIGNED Jim L. Jacobs
(This space for Federal or State/office use)

TITLE Geologist

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED

DATE 1-30-89

FEB 01 1989

James P. Edwards
AREA MANAGER
FARMINGTON RESOURCE AREA