Approved by _______ Conditions of approval, if any:

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Form 3160-5	HMTT	ED STATES	F0014
(June 1990)		OF THE INTERIOR	FORM APPROVED Budget Bureau No. 1004-0135
· DEFARIMI			Expires: March 31, 1993
	BUKEAU OF LA	AND MANAGEMENT	5. Lease Designation and Serial No.
;	Contract 116		
	6. If Indian, Allottee or Tribe Name		
Do not use this for	Jicarilla Apache		
	B APPLICATION FOR	PERMIT—" for such proposals	-
	7. If Unit or CA, Agreement Designation		
I. Type of Well Oil Gas Well Well	Other		
2. Name of Operator	8. Well Name and No.		
•	Tiger #4		
Dugan Production 3. Address and Telephone No.	9. API Well No.		
P.O. Box 420,	30-039-20562		
	10. Field and Pool, or Exploratory Area		
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 1450' FNL & 1450' FEL			Tapacito PC
			11. County or Parish, State
Sec. 21, T26N,	RSW, NMPM		Rio Arriba County, NM
12. CHECK AF	PROPRIATE BOX(s)	TO INDICATE NATURE OF NOTICE, REPOR	IT, OR OTHER DATA
	TYPE OF SUBMISSION TYPE OF ACTIO		
Notice of In	itent	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 Reg. Long-Term SI	Dispose Water
			(Note: Report results of multiple completion on Well
13. Describe Proposed or Comple	eted Operations (Clearly state all ner	tinent details, and give pertinent dates, including estimated date of starting	Completion or Recompletion Report and Log form.)
	pressures. I	le of producing into the sales t is capable of production at ng term shut-in.	line at lower line
-			6) 50 80 50 59 51 50 20
	1		<u> </u>
APR1 6:992			
	CON. Divisi	APR 1 5 1993	7. TOTA NATIONAL STATE OF THE S
k	CIST. 5	HIS APPROVAL EXPIRES APR 1 5 1993	
4. I hereby certify that the fores	poing is true and correct		
Signed John A	illefande examer	Tide Operations Manager	Date 4-9-92
(This space for Federal or St	ite office use)		AFFRO

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, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

Title .

AREA MANAGER