

UNITED STATES 1 File
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	5. LEASE DESIGNATION AND SERIAL NO. NM-012737
2. NAME OF OPERATOR DUGAN PRODUCTION CORP.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 5820, Farmington, NM 87499-5820	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1190' FSL & 1450' FWL	8. FARM OR LEASE NAME Huerfanito
14. PERMIT NO.	9. WELL NO. 6
15. ELEVATIONS (Show whether DF, RT, GR, etc.)	10. FIELD AND POOL, OR WILDCAT Basin Dakota
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 11, T26N, R9W, 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:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other) Extension to Repair Well

PULL OR ALTER CASING

MULTIPLE COMPLETION

ABANDON*

CHANGE PLANS

X

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

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

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

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.)*

On 2-15-89 we submitted a sundry in which we planned remedial operations to repair the casing leak on this well. Approval was granted by the BLM until May 1, 1989.

We request an extension of 60 days because we have not received our approved AFEs from partners.

RECEIVED

APR 26 1989

OIL CON. DIV.
DIST. 3

THIS APPROVAL EXPIRES

JUL 01 1989

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

SIGNED Jim L. Jacobs

TITLE Geologist

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

NEEDS

*See Instructions on Reverse Side

APR 26 1989	DATE 4-18-89
APR 21 1989	
FARM AREA MANAGER	
FARMINGTON RESOURCE AREA	