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**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  P & A

2. NAME OF OPERATOR  
**DUGAN PRODUCTION CORP.**

3. ADDRESS OF OPERATOR  
**P O Box 208, Farmington, NM 87499**

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)  
At surface  
**990' FNL - 990' FWL**

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, ST, CR, etc.)  
**6056' GL**

5. LEASE DESIGNATION AND SERIAL NO.  
**NM 17018**

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
**ABO**

9. WELL NO.  
**1**

10. FIELD AND POOL, OR WILDCAT  
**WAW FT. PC**

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
**Undesignated PC**

12. COUNTY OR PARISH  
**San Juan**

13. STATE  
**NM**

**RECEIVED**  
**JAN 29 1987**

**BUREAU OF LAND MANAGEMENT**  
**FARMINGTON RESOURCE AREA**

**Sec. 28, T26N, R12W, NMPM**

18. 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"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	

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

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.)\*

Plugged and abandoned well on 12-8-86 as follows:

1. Filled 2-7/8" OD, 6.5#, 8 Rd, EUE J-55 tubing for casing from P.B.T.D. 1170' to surface using 35 sx (41 cf) class "B" neat cement.
2. Filled all pits.
3. Cleaned well location of all equipment, pipe, junk and trash.
4. Cut off tie-downs.

Will install permanent dry hole monument and restore surface when weather permits.

Approved as to plugging of the well bore.  
Liability under bond is retained until surface restoration is completed.

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

SIGNED Sherman E. Dugan  
Sherman E. Dugan  
(This space for Federal or State office use)

TITLE Geologist

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_  
**RECEIVED**  
**FEB 04 1987**  
**OIL CON. DIV.**  
**DIST. 3**

APPROVED

DATE 1-22-87

DATE FEB 02 1987

BY John Keller

AREA MANAGER  
FARMINGTON RESOURCE AREA

\*See Instructions on Reverse Side