

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENTSUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM-61

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 ☒ OTHER2. NAME OF OPERATOR
DUGAN PRODUCTION CORP.3. ADDRESS OF OPERATOR
P.O. Box 420, Farmington, NM 874994. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

1060' FNL & 1060' FEL

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Martha Washington

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

WAW FRT.
Nipp PC Ext.11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 34, T14N, R12W, NMPM

14. PERMIT NO.

15. ELEVATIONS (Show whether OF, BT, GR, etc.)

6241' GR

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)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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 perti-
nent to this work.)*1.) Plugged well by pumping 40 sacks class "B" cement (47 cu.ft.) down
2-7/8" casing. *

2.) Will install dry hole marker and restore surface.

RECEIVED

APR 18 1990

OIL CON. DIV.
DIST. 3Approved for completion by the holder.
Liability under the Act is hereby
Surface Rights Reserved.

*Cementing work done 3-30-90.

3. 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

APPROVED

DATE 4-12-90

APR 16 1990

DATE

FARMINGTON FIELD AREA

*See Instructions on Reverse Side