## 5 BLM 1 File

or representations as to any matter within its jurisdiction.

Form 3160-5 (June 1990)

## UNITED STATES

DEPARTMENT OF THE INTERIOR **BUREAU OF LAND MANAGEMENT**  FORM APPROVED

Budget Bureau No. 1004-0135 Expires: March 31,1993

## Lease Designation and Serial No. **NM 61**

## SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.

6. If Indian, Allotted or Tribe Name

Use "APPLICATION FOR PERMIT -" for such proposals			, and the same
SUBMIT IN TRIPLICATE			
1. Type of Well			7. If Unit or CA, Agreement Designation
Oil Gas			and the second
Well X Well	Other		8. Well Name and No.
2. Name of Operator			Rachel #2
Dugan Production Corp.		<u> </u>	9. API Well No.
3. Address and Telephone No.	(505) 325 - 1821		30.045 22285
1:0:20%	(303) 323 - 1021		10. Field and Pool, or Exploratory Area
Location of Well (Footage, Sec., T., R., M., or Survey Description)		DIST. 3	
1550' FSL & 990' FEL		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	WAW Fruitland Sand PC
Sec. 34, T26N, R12W, NMPM		, conserve on the term	11. County of Parish, State
			San Juan, NM
12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA			
TYPE OF SUBMISSION		TYPE OF ACTION	
X Notice of Intent	Abandonment		Change of Plans
_	Recompletion		New Construction
Subsequent Report	Plugging Back		Non-Routine Fracturing
	Casing Repair		Water Shut-Off
Final Abandonment Notice	Altering Casing	- 10 1 to - no doubles	Conversion to Injection
	X Other	Test & return to production	Dispose Water (Note: Report results of multiple completion on Well
13. Describe Proposed or Completed Operations (Clearly state all pertinen			Completion or Recompletion Report and Log form.)
A pump jack has been installed on this well. Water production and low bottom hole pressure have made the well incapable of producing against line pressure. If pumping the well down does not result in sufficient pressure, a compressor will be installed. The well will be returned to production.  JUN 0 1 2000			
14. I hereby certify that the foregoing is true and correct  Signed  John Alexander	Title Vice-preside	e <b>nt</b> Date	10/5/99
(This space for 5ederal or State office use)			
	Title Octing	Team Lead Date	10/13/89
The same of the sa	and willfully to make to any depar	ment or agency of the United States any fals	e, fictitious or fraudulent statements