| | Gvember 1983) UNITED STATES SUBMIT IN TRIPLICATE | | Form approved. Budget Bureau No. 1004-0135 Expires August 31, 1985 5. LEARS DESIGNATION AND SERIAL NO. | | |
|--|--|---|--|---------------------------------------|--|
| BUREAU OF LAND MANAGEMENT | | | NM 17781 | | |
| (Do not use this form for pro- Use "APPLI | OTICES AND REPORTS possals to drill or to deepen or plug ICATION FOR PERMIT—" for such | | 6. IP INDIAN, ALLOTTE | S OR TRIBE NAME | |
| OIL GAS TO OTHER | | | 1 | T. UNIT AGREEMENT NAME | |
| 2. NAME OF OPERATOR DUGAN PRODUCTION CORP. | | | | S. FARM OR LEASE NAME | |
| 3. ADDRESS OF OPERATOR | | | Paul Revere | 9. WELL DO. | |
| P.O. Box 420, Farmington, NM 87499 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* | | | 202 | 202 10. PIELO AND POOL, OR WILDCAT | |
| See also space 17 below.) At surface 790' FNL & 990' FEL | | | Wildest WALL FYT. P | | |
| 14. PERMIT NO. | 15. ELEVATIONS (Show whether a | F. 27, GR. etc.) | Sec. 23, T261 | N, R13W, NMPM | |
| | 6094' GR | | San Juan | NM | |
| 16. Check A | Appropriate Box To Indicate I | Nature of Notice, Report, or | | | |
| NOTICE OF INTI | ENTION TO: | 808880 | QUBNT REPORT OF: | | |
| FRACTURE TREAT | PULL OR ALTER CASING MULTIPLE COMPLETE | WATER SHUT-OFF | EBPAIRING W |) | |
| SHOOT OR ACIDIZE | ABANDON* | SHOOTING OR ACIDIZING | ALTERING CA | [- | |
| (Other) Reco | CHANGE PLANS DEPLETE XX | (Other)(Notz: Report result | of multiple completter | | |
| 17. DESCRIBE PROPOSED OR COMPLETED OF | PERATIONS / Clearly state all parties | Completion or Record | etion Report and Log for | 15.) | |
| nent to this work.) * | ionally drilled, give subsurface loca | 00T 21990 | al depths for all markers | and somes perti- | |
| Swab test Pict Cliffs is not | cured Cliffs to che economical, procee | OL COM DI DIST. 3 ack production. I | · · · · · | | |
| Set cast iron 1175'. Pressu | bridge plug above re test casing. I t. Stimulation wi | Pictured Cliffs p | d Coal 1152_4 | 1 t 58' | |
| SIGNED John Alexa | ench ritle 0 | perations Manager | DATS9- | 13-90 | |
| (This space for Federal or State off | ce use) | | APPROV | E D | |
| APPROVED BY CONDITIONS OF APPROVAL, IF A | NY: | e transp | SEP 37 199 Ken Townser | | |
| | *See Instructions | on Reverse Side FO | R APEA MANAG | ER | |