Form 3160-5
(June 1990)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

RECEIVED MAIL ROOM

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.

95 OCT 4 PM 12: 59

SUBMIT IN TRIPLICATE   070 FARMINGTON, NM

5. Lease Designation and Serial No.

NM 1336

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

1. Type of Well	
☐ Oil Well ☒ Gas Well ☐ Other	

2. Name of Operator

Dugan Production Corp.

3. Address and Telephone No.

P.O. Box 420, Farmington, NM 87499   (505) 325-1821

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

1170' FNL - 1450' FWL
Sec. 3, T26N, R13W, NMPM

8. Well Name and No.

Monticello 1Y

9. API Well No.

30-045-22758

10. Field and Pool, or Exploratory Area

WAW Fruitland Sand PC

11. County or 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	
☒ 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	☐ Conversion to Injection
	☐ Other _____	☐ Dispose Water

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

13. 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.)*

Well was acidized and swab tested with no evidence of being capable of producing in economic quantities.

Plan to plug well by pumping Class B cement down 2-7/8" casing to fill to Pictured Cliffs perforations.

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

Signed _John Alexander_   Title _Operations Manager_   Date _10/3/95_

(This space for Federal or State office use)

Approved by _____   Title _____   Date _____

Conditions of approval, if any:

*See Instruction on Reverse Side

APPROVED

OCT 06 1995

DISTRICT MANAGER

NMOCD