

**UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY**

**SUBMIT IN TRIPLICATE\***  
(Other instructions on reverse side)

Form approved.  
Budget Bureau No. 42-R1424.

**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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. NM 17781	
2. NAME OF OPERATOR Dugan Production Corp.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR Box 234, Farmington, NM 87401		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1190' FNL - 1000' FWL		8. FARM OR LEASE NAME Paul Revere	
14. PERMIT NO.		9. WELL NO. #203	
15. ELEVATIONS (Show whether on or off land) 6212' GR		10. FIELD AND POOL, OR WILDCAT Wildcat	
H. S. GEOLOGICAL SURVEY FARMINGTON, N. M.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 22 T26N R13W	
		12. COUNTY OR PARISH San Juan	
		13. STATE N M	

**RECEIVED**

JUL 25 1983

16. 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 type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Location ready for inspection</u> <input checked="" type="checkbox"/> XX	
(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.) \*

Well plugged and abandoned as reported on our sundry notice dated 11-23-82.

We have reseeded and completed surface rehabilitation requirements, and location is ready for inspection.

**RECEIVED**  
SEP 25 1983  
OIL & GAS DIV.

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

SIGNED Sherman E. Dugan TITLE Agent DATE 7-20-83

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

**ACCEPTED FOR RECORD**

DATE \_\_\_\_\_

SEP 23 1983

**NMOCC**  
\*See Instructions on Reverse Side

FARMINGTON RESOURCE AREA