	5 BLM UNITED ST	l Eile	SUBMIT IN TRIPLICATE.	Form approved. Budget Bureau No. 1004-0135 Expires August 31, 1985
Form 3160-5 (November 1983)	UNITED ST	AIES Ur inted	10.1 . 1	5. LEASE DESIGNATION AND SERIAL NO.
(Formerly 9-331)	DEPARTMENT OF T	HE INIER	IOV serve much	NM 12027
•	BUREAU OF LAND M			6. IF INDIAN, ALLOTTER OR TRIBE NAME
SUN (Do not use this	IDRY NOTICES AND Torm for proposals to drill or to Use "APPLICATION FOR PERM			
1.	Use "APPLICATION FOR 1202			7. UNIT AGREEMENT NAME
OIL CYB X OTHER				S. FARM OR LEASE NAME
2. NAME OF OPERATOR				Chaco Plant
DUGAN PRODUCTION CORP.				9. WELL EO.
3. ADDRESS OF OPERATOR D. O. Dong 200 Formington, NIM 97/199				1J
P O Box 208, Farmington, NM 87499 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*				10. PIELD AND POOL, OR WILDCAT
See also space 17 below.) At surface				WAW FR PC
				11. SEC., T., R., M., OR BLE. AND SURVEY OR ARMA
790' FSL - 790' FEL .				Sec.17,T26N,R12W,NMPM
14. PERMIT NO.	15. BLEVATIONS	(Show whether	DF. ET. GR. etc.)	12. COURTY OR PARISH 13. STATE
	6004	' GL	<u> </u>	San Juan NM
			Notice Report of	Other Data
16.	Check Appropriate Box	to indicate	Nature of Notice, Report, or	UNNT EMPORT OF:
	NOTICE OF INTENTION TO:		20222	
TEST WATER SEUT-	OFF PULL OR ALTER CA	0K12	WATER SHUT-OFF	REPAIRING WELL
PRACTURE TREAT	MULTIPLE COMPLE	TE	FRACTURE TREATMENT	ABANDONMENT®
SHOOT OR ACIDIZE	ABANDON*	<u>X</u> -	SHOOTING OR ACIDIZING	
REPAIR WELL	CHANGE PLANS		(Other)	s of multiple completion on Well
(Other)			Completion or Recom	pletion Report and Log form.) s, including estimated date of starting any cal depths for all markers and sones perti-
1. Fill	plug and abandon the 1년" tubing with cemen all dry hole marker.		en as lonows.	
			• •	San La
3. Rest	ore location.			ADEINE L
	rre A CO CO		•	THE REPORT OF THE PARTY OF THE
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R00M	- 8 -		ં સુંજ _ફ ું	1 COM No.
ECEIVE MAIL B	- SH			DIST DIV
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C.				
18. I hereby certify tha	t the foregoing is true and correc	t		FREE CONTROL OF
λ.	1 aus		Geologist	DATE 4-6-88
SIGNED TO	im L / Jacobs	TITLE		
	eral or State office use)			in the second of
/	\checkmark	TITLE		DATE
APPROVED BY CONDITIONS OF A	PPROVAL, IF ANY:			all
				Let and a subserver
	المستر المستراث المست			TO CHEMPATON RETENDED REFER
	•	See Instru <u>cti</u> s	15 An Reverse Side	
		N	MOCA	en e
			100 pt 10	and the second s