

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

SUNDRY NOTICES AND REPORTS ON WELLS RECEIVED

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

SUBMIT IN TRIPLICATE

52 APR -9 AM 11:39

010 FARMINGTON, N.M.

5. Lease Description and Serial No.

NM 12027

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Chaco Plant #90

9. API Well No.

30-045-28372

10. Field and Pool, or Exploratory Area

WAW FR Sand PC

11. County or Parish, State

San Juan, NM

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

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

930' FNL & 1815' FEL

Sec. 17, T26N, R12W, NMPM

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other <u>Extend APD</u>
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> 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.)*

Request a 6 month extension of time on approved APD.

RECEIVED

APR 16 1992

OIL CON. DIV.
DIST. 3

APPROVED

MAR 20 1992

AREA MANAGER

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

Signed Jim L. Jacobs

Title Geologist

Date 4-8-92

(This space for Federal or State office use)

Approved by _____
Conditions of approval, if any:

Title _____

Date _____

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

*See Instruction on Reverse Side

UNOCD THIS APPROVAL EXPIRES

OCT 13 1992