UNITED STATES1 File
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other Instructions on reverse side)

Budget Bureau No. 1004-0135
Expires August 31, 1985

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.)

5. LEASE DESIGNATION AND SERIAL NO.
Jic. Tribal Contract #241

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Jicarilla

1.
OIL WELL [X]   GAS WELL [ ]   OTHER

7. UNIT AGREEMENT NAME

2. NAME OF OPERATOR
DUGAN PRODUCTION CORP.

8. FARM OR LEASE NAME
Boulder

3. ADDRESS OF OPERATOR
P.O. Box 420, Farmington, NM 87499

9. WELL NO.
10

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

330' FSL & 2310' FEL

10. FIELD AND POOL, OR WILDCAT
Boulder Mancos

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 23, T28N, R1W, NMPM

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
7137' GL

12. COUNTY OR PARISH
Rio Arriba

13. STATE
NM

16.
Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF [ ]
FRACTURE TREAT [ ]
SHOOT OR ACIDIZE [ ]
REPAIR WELL [ ]
(Other)

PULL OR ALTER CASING [ ]
MULTIPLE COMPLETE [ ]
ABANDON* [ ]
CHANGE PLANS [ ]

SUBSEQUENT REPORT OF:

WATER SHUT-OFF [ ]
FRACTURE TREATMENT [ ]
SHOOTING OR ACIDIZING [ ]
(Other) __Status__

REPAIRING WELL [ ]
ALTERING CASING [ ]
ABANDONMENT* [X]

(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.)*

This well is capable of production if the pump is changed. It has not been placed back on production because the well has a high gas-oil-ratio. We plan to use the gas from this well to operate the lease after our workover program.

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

SIGNED _____   TITLE __Geologist__   DATE 8-31-89
        Jim L. Jacobs

(This space for Federal or State office use)

APPROVED BY _____   TITLE _____   DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side