Form 3160-5 UNITED STATES (June 1990) DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMEN		NT OF THE INTERIOR	PORM APPROVED Budget Bureau No. 1004-0135 Expires: March 31, 1993 5. Lease Designation and Serial No.
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			NM 11580 6. If Indian, Allottee or Tribe Name
SUBMIT IN TRIPLICATE			7. If Unit or CA, Agreement Designation
1. Type of Well Oil Gas Well Gus 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) 973' FNL - 1000' FWL Sec. 29, T27N, R13W, NMPM			8. Well Name and No. KR 2 9. API Well No. 30-045-21897 10. Field and Pool, or Exploratory Area Basin-Fruitland Coal/ WAW FR Sand-PC 11. County or Parish, State San Juan, NM
12. CHEC	CK APPROPRIATE BOX	(s) TO INDICATE NATURE OF NOTICE, REPOR	RT, OR OTHER DATA
TYPE OF SUBMISSION TYPE OF ACTION			
	otice of Intent	Abandonment Recompletion	Change of Plans New Construction
	bsequent Report	Plugging Back Casing Repair Altering Casing X Other long-term shut-in	Non-Routine Fracturing Water Shut-Off Conversion to Injection Dispose Water (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)
Thi mar	s well is unable ket conditions.	to produce in paying quantities A long-term shut-in status is	requested.
		JUL 6 1993 IL CON. DIV. DIST. 3 APPROVAL EXPIRES JUL 0 1 1994	RECEIVED BLM 93 JUL -1 AM 10: 54 070 FARMINGTON, NM
		EAPIRES JU 0 1 1994	S F
14. I hereby certify that Signed	the foregoing is true and correct	Tide Operations Manager	6/30/93
	John Alexander eral or State office use)		APPROVED
Approved by Conditions of appro	oval, if any:	Tide	APROVED //JUL 0,2 1993
Title 18 U.S.C. Section or representations as to	1001, makes it a crime for any person any matter within its jurisdiction.	knowingly and willfully to make to any department or agency of the United	ISS AN IASE, FACTORIS OF TRAUGULENT STATEMENT