5 BLM 1 File  Form 3160-5 (November 1983) (Formerly 9-331)  DEPARTMENT OF THE INTERPORT OF LAND MANAGE		Form approved.  Budget Bureau No. 1004-0135 Expires August 31, 1985  LEASE DESIGNATION AND SERIAL FO.  NM 1336
SUNDRY NOTICES AND REPORT OF PROPERTY OF THE P	RTS ON WELLS plug back to a different reservoir.	6. IF INDIAF, ALLOTTEE OR TRIBE NAME
OIL GAS X OTHER	A STATE OF THE PROPERTY OF	7. UNIT AGREEMENT NAME
WELL WELL IN OTHER  2. NAME OF OPERATOR  DUCAN PRODUCTION CORP		8. FARM OR LEASE NAME
DUGAN PRODUCTION CORP.		Thomas Jefferson
3. ADDRESS OF OPERATOR		9. WELL FO.
P.O. Box 420 Farmington, NM 87499-		10. FIELD AND FOOL, OR WILDCAT
See also apare 17 below.) At surface		WAW FR PC
900' FSL & 790' FWL		11. SHC., T., R., M., OR REK. AND SURVEY OR ARMA
		Sec.34,
14. PERMIT NO. 15. ELEVATIONS (Show whe	ther DF, ET, GR, etc.)	12. COUNTY OR PARISH 13. STATE
6187	GR -	San Juan NM
16. Check Appropriate Box To Indica	ate Nature of Notice, Report, or C	ther Data
		BNT REPORT OF:
TEST WATER SHUT-OFF PULL OR ALTER CASING -	WATER SHUT-OFF	REPAIRING WELL
FRACTORE TREAT MULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING CASING
SHOOT OR ACIDIZE ABANDON*	SHOOTING OR ACIDIZING	ARANDONMENT® X
(Other) CHANGE PLANS (Other) (Other)		
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all perproposed work. If well is directionally drilled, give subsurface nent to this work.)*  1.) Plugged well by pumping 81 sa 2-7/8" casing. *	e locations and measured and true vertical	depths for all markers and gones perti-
2.) Will install dry hole marker and	d restore surface.	
•		APRI 8 1990
	0	IL CON. DIV. DIST. 3
*Compating work done on 3 20 00	Approved an to plugging of the Liability ender nearling to established. surface routeraines to established.	
*Cementing work done on 3-30-90.		
)		APPROVED
3. I hereby certify that the foregoing is true and correct	Carlos	
SIGNED Jim L. JACODS TITLE	Geologist	4-12-9 <b>d</b>
(This space for Federal or State office use)		7:02 3 3 19 <b>9</b> 0
	zadoriše .	
APPROVED BY TITLE _ CONDITIONS OF APPROVAL, IF ANY:		Kennownsend

\*See Instructions on Reverse Side