5 BLM 1 File	1 Fuller Petroleum 1 Pevehouse	1
Form 3160-5 (June 1990) DE	UNITED STATES EPARTMENT OF THE INTERIOR REAU OF LAND MANAGEMENT	FORM APPROVED Budget Bureau No. 1004-0135 Expires: March 31, 1993 5. Lesse Designation and Serial No.
SUNDRY	NOTICES AND REPORTS ON WELLS	NM 029145
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		6. If Indian, Allottee or Tribe Name
SUBMIT IN TRIPLICATE  1. Type of Well		7. If Unit or CA, Agreement Designation
ON Cas P&A  2. Name of Operator		8. Well Name and No.
Dugan Production Corp.  3. Address and Telephose No.		Paul #1 9. API Well No.
P.O. Box 420, Farmington, NM 87499 505-325-1821		30 045 23418  10. Field and Pool, or Exploratory Area
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)		Fruitland/Pictured Cliff
1650' FNL & 1850' FEL (SW/4 NE/4) Unit G, Section 19, T27N, R11W		11. County or Parish State San Juan County, NM
	ATE BOX(s) TO INDICATE NATURE OF NOTICE, REPOR	RT, OR OTHER DATA
TYPE OF SUBMISSION	TYPE OF ACTION	
Notice of Intent	X Abandonment	Change of Plans
Subsequent Report	Recompletion Plugging Back	New Construction Non-Routine Fracturing
	Casing Repair	Water Shut-Off
Final Abandonment Notice	Altering Casing Other	Conversion to Injection Dispose Water
		(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)
This well was class "B" cem 5 sks cement.	plugged on 11/15/96 by filling the cas ent. WOC. Tagged cement at 160'. T Set dry hole marker.	opped out with
		RES 96 DEC 070 FAF
	DEC 1 8 1995	RECEIVE BEC 16 PH 2: 29 070 FARMINGTON, NM
14. I hereby certify that the foregoing is true an	OIL COM, DEV.	
Signed - Aug Aug	Tide Operations Manager	Date 12/13/96
(This space for Peterla or State office use)		
Approved by	Title	Date
Conditions of approval, if any:	ji j	PPROVED
Tide 18 U.S.C. Section 1001, makes it a crime for representations as to any matter within its juri	for any person knowingly and willfully to make to any department or agency of the United Sistings.	states any false, fictitious or fraudulent statements
	*See Instruction on Reverse Side	MSTAICT MANAGER
	N <b>MOCD</b>	