5 BLM   1 File

Form 3160-5
(June 1990)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

SUBMIT IN TRIPLICATE

5. Lease Designation and Serial No.

NM 33040

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

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   (505) 325-1821

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

1850' FSL – 1850' FWL
Sec. 18, T27N, R13W, NMPM

8. Well Name and No.

Faith 4

9. API Well No.

30-045-25587

10. Field and Pool, or Exploratory Area
Basin Fruitland Coal/
WAW Fruitland Sand PC

11. County or Parish, State

San Juan, NM

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

TYPE OF SUBMISSION	TYPE OF ACTION
☒ Notice of Intent	☐ Abandonment ☐ Change of Plans
☐ Subsequent Report	☐ Recompletion ☐ New Construction
	☐ Plugging Back ☐ Non-Routine Fracturing
☐ Final Abandonment Notice	☐ Casing Repair ☐ Water Shut-Off
	☐ Altering Casing ☐ Conversion to Injection
	☒ Other Long-term Shut-in ☐ Dispose Water

RECEIVED MAY 21 1997 OIL CON. DIV. DIST. 3

(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.)*

Swabbed well in. Installed ½" choke and flow tested well for 24
hours at a rate of 125 MCFD. A long-term shut-in is requested
while we acquire right-of-way and tie-in to pipeline system.

THIS APPROVAL EXPIRES ___JUN 01 1998___

97 MAY 12 PM 1:29
RECEIVED OCD FARMINGTON, NM

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

Signed _____   Title _Operations Manager_   Date _5/9/97_
Gary Brink

(This space for Federal or State office use)

Approved by _/S/ Duane W. Spencer_   Title _____   Date _MAY 19 1997_
Conditions of approval, if any:

*See Instruction on Reverse Side
NMOCD