

Form 3160-5
(June 1990)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

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

1. Type of Well <input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other	5. Lease Designation and Serial No. 14-20-603-2015
2. Name of Operator Dugan Production Corp.	6. If Indian, Allottee or Tribe Name Navajo Tribal
3. Address and Telephone No. P.O. Box 420, Farmington, NM 87499 (505) 325-1821	7. If Unit or CA, Agreement Designation
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 790' FNL - 1850' FWL c Sec. 36, T28N, R15W, NMPM	8. Well Name and No. Pet Inc. 6
	9. API Well No. 30-045-21061
	10. Field and Pool, or Exploratory Area Basin Fruitland Coal/ Ojo FR 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
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other <u>Reconnect to Gathering System</u>
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Dispose Water

(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.)*

4/2/97 Swabbed well in.
It is intended to reconnect to gathering system.

RECEIVED
BLM
97 APR 17 PM 2:39
OTO FARMINGTON, NMI

BUREAU OF LAND MANAGEMENT
 APR 23 1997
 OJO SANDSTONE
 OTO

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

Signed GARY BRINK Title Operations Manager Date 4/16/97

(This space for Federal or State office use)

Approved by /s/ Duane W. Spencer Title _____ Date APR 21 1997

Conditions of approval, if any: