

6 BLM 1 File 1 Duncan  
UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse side)

Form approved  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

14-20-0603-10009

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Navajo

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

North Hogback 7

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

Slickrock Dakota

11. SEC. T., R., M., OR BLK. AND  
SURVEY OR AREA

Sec. 7, T29N, R16W, NMPM

12. COUNTY OR PARISH 13. STATE

San Juan

NM

1.

OIL WELL ☒ GAS WELL ☐ OTHER

2. NAME OF OPERATOR

RAYMOND T. DUNCAN

3. ADDRESS OF OPERATOR

P.O. Box 420, Farmington, NM 87499

4. LOCATION OF WELL (Report location clearly and in accordance with any BLM-approved map or plan. See also space 17 below.)  
At surface

1310' FNL & 330' FWL

14. PERMIT NO.

15. ELEVATIONS (Show whether OF, RT, GR, etc.)

5048' GL OIL CON DIV

16.

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. 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.)\*

Plugged and abandoned the subject well on 5-17-89 as follows:

1.) Pulled tubing & rods.

2.) Filled 4½" OD, 8 Rd casing and squeezed into formation from P.B.T.D. 749' to surface using total of 59 sx class "B" neat cement (total slurry = 70 cu.ft.).

3.) Installed permanent monument, labeled with operator's name, well name and number, legal location and lease number.

4.) Filled all pits.

5.) Cleaned well location of all equipment, pipe, junk and trash.

6.) Restored surface. Approved as to plugging of the well bore.

Liability under bond is retained until surface restoration is completed.

7.) Cut off tie-downs.

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

SIGNED

Sherman E. Duncan

TITLE

Agent

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED

DATE 5-22-89

JUN 23 1989

Ken Townsend

AREA MANAGER  
FARMINGTON RESOURCE AREA

\*See Instructions on Reverse Side

NMOCD