

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

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		88 AUG 26 AM 11:10	
2. NAME OF OPERATOR RAYMOND T. DUNCAN		FARMINGTON RESOURCE AREA FARMINGTON, NEW MEXICO	
3. ADDRESS OF OPERATOR P.O. Box 5820, Farmington, NM 87499-5820		8. FARM OR LEASE NAME North Hogback 6	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1650' FSL & 330' FWL		9. WELL NO. 1	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.)	
		10. FIELD AND POOL, OR WILDCAT Slickrock Dakota	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 6, T29N, R16W, NMPM	
		12. COUNTY OR PARISH San Juan	
		13. STATE NM	

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	(Other) <input type="checkbox"/>
(Other) Long-Term Shut-in <input checked="" type="checkbox"/>		(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.)*

In response to BLM letter 14-20-0603-10008 (WC) 3162.3-2 (019) dated July 27, 1988 concerning the subject well, Dugan Production Corp. is advising your office that it is Walter Duncan's desire to request long term shut-in because this well is unable to produce in paying quantities under existing market conditions.

RECEIVED

NOV 15 1988

OIL CON. DIST.

NOV 09 1989

THIS APPROVAL EXPIRES

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

SIGNED Walter Duncan TITLE Agent DATE 8-25-88

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____

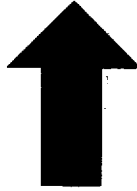
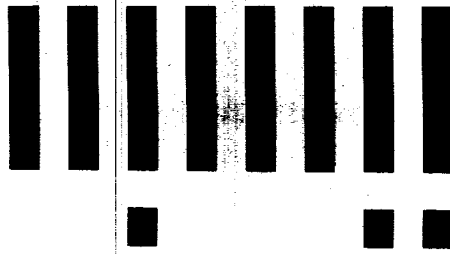
CONDITIONS OF APPROVAL, IF ANY:

NMOC

*See Instructions on Reverse Side

NOV 09 1989

AREA MANAGER
FARMINGTON RESOURCE AREA



LTR



Job separation sheet

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE
(Other instructions on re-
verse side)

Form approved
Budget Bureau No. 10044-1133
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

14-20-0603-10008

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Navajo

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

North Hogback 6

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Slickrock Dakota

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

Sec. 6, T29N, R16W, NMPM

12. COUNTY OR PARISH 13. STATE

San Juan

NM

SUNDRY NOTICES AND REPORTS ON WELLS
Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use APPLICATION FOR PERMIT-- for such proposals.

1. 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 State requirements.*
See also space 17 below)
At surface

1650' FSL & 330' FWL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, CR, etc.)

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 ☐Long-Term Shut-in ☒

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.)*

Request long term shut-in because this well is unable to produce in paying quantities under existing marketing conditions.

RECEIVED

JAN 08 1990

OIL CON. DIV

DIST. 3

THIS APPROVAL EXPIRES

NOV 09 1990

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

SIGNED

Jim L. Jacobs

TITLE

Geologist / Agent

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED

11-9-89

DATE

JAN 03 1990

DATE

AREA MANAGER
FARMINGTON RESOURCE AREA

*See Instructions on Reverse Side