Form 3160-\$ (June 1990)

## UNITED STATES DEPARTMENT OF THE INTERIOR **BUREAU OF LAND MANAGEMENT**

PORM APPROVED Budget Bureen No. 1004-0135

Expires: March 31, 1993

Designation and Serial No.

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Do not use this form for proposals to c Use "APPLICATION FO	6. If Indian, Allottoe or Tribe Name Navajo			
SUBMI	T IN TRIPLICATE 52007 -8 7.711: 24	7. If Unit or CA, Agreement Designation		
I. Type of Well    Cas   Cas	019 FARMINGTON, N.M	8. Well Name and No.		
2. Name of Operator		North Hogback 12#5		
Raymond T. Duncan  3. Address and Telephone No.	9. AM Well No.			
P. O. Box 420, Farmington  4. Location of Well (Footage, Sec., T., R., M., or Survey I	10. Field and Pool, or Exploratory Area Slickrock Dakota			
990' FNL & 330' FEL Sec. 12, T29N, R17W		11. County or Parish, State San Juan, NM		
CHECK APPROPRIATE BOX	(s) TO INDICATE NATURE OF NOTICE, REPOR	T, OR OTHER DATA		
TYPE OF SUBMISSION	TYPE OF ACTION	OF ACTION		
Notice of Intent  Subsequent Report  Final Abandonment Notice		Change of Plans New Construction Non-Routine Fracturing Water Shut-Off Conversion to Injection Dispose Water (Note Report results of multiple completion on Well Completion or Recompletion Report and Log form.)		

Request permission to plug and abandon the subject wells as follows:

Pull rods & tubing.

or representations as to any matter within its jurisdiction.

- Fill 43" OD, 9.5#, J-55 8 Rd ST&C casing from T.D. 727' to 2.) surface with 55 sx class "B" neat cement.
- Install permanent dry hole monument. 3.)

give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

- Remove existing surface equipment.
- Clean and restore location per current BLM guidelines. 5.)

14. I hereby certify that the foregoing is true and con	rect	
SignedSherman E Dui (This space for Federal or State office use)	an Tilk Agent	Date 10/5/92
Approved by	Title	Date
Title 18 11 S.C. Section IMI makes his crime for a	wastes beautially and willfully to make to an	APPROVED  r department or agency of the United States any fulse, ficticious or fraudulent statements

\*See Instruction on Reverse Side

REA MANAGER