

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

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

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"/>	5. LEASE DESIGNATION AND SERIAL NO. 14-20-0603-9591
2. NAME OF OPERATOR Raymond T. Duncan	6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo Tribal
3. ADDRESS OF OPERATOR 1777 South Harrison St., P-1, Denver, CO 80210	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1800' FNL & 800' FEL Sec. 1, T29N, R17W	8. FARM OR LEASE NAME North Hogback 1
14. PERMIT NO.	9. WELL NO. 9
	10. FIELD AND POOL, OR WILDCAT Slickrock-Dakota
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 1, T29N, R17W, NMPM
15. ELEVATIONS (Show whether DF, ET, CR, etc.) 4993' GL	12. COUNTY OR PARISH San Juan
	13. STATE NM

RECEIVED

APR 11 1986

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 checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) <input 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.)*

This well was plugged and abandoned in the following manner:

1. Pulled rods & tubing.
2. Filled 4½" casing and squeezed into formation with 64 sx class "B" neat cement (total slurry 75.5 cu.ft.).
3. Dug out around casing and cut off 4' below ground level.
4. Welded ½" steel plate on casing.
5. Restored surface.

*Note: Cementing witnessed by Mark Philliber with Farmington BLM office. No dry hole marker - this well located in cultivated field. complete 4-9-86.

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

SIGNED

Jim L. Jacobs

TITLE

Geologist

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED 4-10-86
AS AMENDED

DATE

APR 17 1986

AREA MANAGER

*Approved as to plugging of the well bore.
Liability under bond is retained until
surface restoration is completed.

*See Instructions on Reverse Side
NMOC