Form 3160-5 6 BLM 1 File	DNITED STATE	ES	SUBMIT IN TRIPLE		Budget Bureau Expires August		
• • • • • • • • • • • • • • • • • • • •	MENT OF THE		(Other instructions verse side)	од ге-	5. LEASE DESIGNATION	AND BERIAL NO.	
BUREA	U OF LAND MANA	AGEMENT			_14-20-0603-10	800	
SUNDRY NOTI	CES AND REP	ORTS ON	WELLS ROOM		6. IF INDIAN, ALLOTTES	OR TRIBE NAME	
(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. 88 AUG 25 AFII: U					7. UNIT AGREEMENT NAME		
WELL CAS OTHER							
2. NAME OF OPERATOR FARMINGTON RESOURCE AREA  PAYMOND T DINCAN FARMINGTON, NEW MEXICO					8. FARM OR LEASE NAME North Hogback 6		
RAYMOND T. DUNCAN  RAMMINGTON, ALL HEARDS  3. ADDRESS OF OPERATOR					9. WELL NO.		
P.O. Box 5820, Farming	gton, NM 874	99-5820			4	•	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*  See also space 17 below.)					10. FIELD AND POOL, OF		
At surface					Slickrock Dakota 11. sec., T., R., M., OR BLK. AND		
990' FSL & 660' FWL					SURVEY OR ARMA		
330, E2F & 900, EMF					Sec. 6, T29N, F	R16W, NMPM	
14. PERMIT NO. 15. ELEVATIONS (Show whether			GR, etc.)		12. COUNTY OR PARISE		
	4993' GL			San Juan	NM		
18. Check Ap	propriate Box To I	ndicate Natu	re of Notice, Repo	rt, or O	ther Data		
•					ENT REPORT OF:		
TEST WATER SHCT-OFF	CLL OR ALTER CASING		WATER SHUT-OFF		REPAIRING P	VELL	
	ULTIPLE COMPLETE		FRACTURE TREATMEN	T	ALTERING CA	[]	
<b></b>	BANDON*		SHOOTING OR ACIDIZ	ING	ABANDONME	17*	
	HANGE PLANS		(Other)Report	regults	of multiple completion	on Well	
(Other) Request Long 17. DESCRIBE PROPOSED OR COMPLETED OPER		<u>X</u>	Completion or	Recomple	ction Report and Log for	m.)	
In response to BLM lett 1988 concerning the sub that it is Walter Duncar is unable to produce in	oject well, Dug o's desire to re	gan Produ equest lon	ction Corp. is g term shut-in r existing mark	advis beca ket co	ing your office use this well nditions.		
and the state of the							
	TH	IIS APPROV	AL EXPIRES	NOV	09 1989		
					•		
and the second s					er en		
				Ar			
	frue and correct	TLE	Agent		DATE 8-25-	-88	
(This space for Federal or State office	t use)				10V 0 9 1988		
		TLE		£	1000 )	<u>:</u>	
CONDITIONS OF APPROVAL, IF AN				10	ANTA MANAGES		
				FARMA	NGTON PESCHEE		
c.A.	** *		D C. J	'			
<b>ζ</b>	"See In	structions on	Veseus Dide	Section 1997			