Form 3160-5 (June 1990)

I. Type of Well X 2 000

2. Name of Operator

3. Address and Telephone No.

Other

Raymond T. Duncan

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

PORM A	PPR	MED	
Budget Baroon	No.	1004-013	5
Expires: M	arch :	31, 1993	

1	كعجما	Designation	Sorial	No.

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	7.3-	-20-	COO	2-1		0

4. If Indian, Allottee or Tribe Name

8. Well Name and No.

9. API Well No.

•	West wester with the only of the pro-
ot use this form	for proposals to drill or to deepen or reentry to a different reservoir.

SUNDRY NOTICES AND DEPORTS ON WELLS Do no Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

P&A

	Navajo
7.	If Unit or CA, Agreement Designation

North Hogback 6#4

P. O. Box 420, Farmi 4. Location of Well (Footage, Sec., T., R., M., or		10. Field and Pool, or Exploratory Area Slickrock Dakota
990' FSL - 660' FWL Sec. 6, T29N, R16W,		11. County or Parish, State San Juan, NM
12. CHECK APPROPRIATE	BOX(s) TO INDICATE NATURE OF NOTICE, RI	EPORT, OR OTHER DATA
TYPE OF SUBMISSION	TYPE OF ACT	rion
Notice of Intent	Abandosment	Change of Plans
Subsequent Report	Recompletion Plugging Back	New Construction Non-Routine Fracturing
Final Abandonment Notice	Casing Repair Altering Casing	Water Shut-Off Conversion to Injection
	X Other cut off casing	Dispose Water (Note. Report results of multiple completion on Well Completion or Recompletion Report and Log form.)
	rly state all pertinent details, and give pertinent dates, including estimated date of true vertical depths for all markers and zones pertinent to this work.)*	starting any proposed work. If well is directionally driller

Cut of casing at 3' below ground level. Job complete 3-23-94.

OIL CON. DIV. চ্যান্ধ্যে ক

				@ 60 G0	
14. I hereby certify that the foregoing is true and correct Signed	Title	Agent	Date	5/10/94	* * * * * *
(This space for Federal or State office the) Approved by	Title		4965	PTED FOR AL	COMP

Tide 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fic or representations as to any metter within its jurisdiction. FARMA SIUN UISHINIT LE-UK