

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 ☐ GAS WELL ☒ OTHER _____
2. NAME OF OPERATOR
Dugan Production Corp.
3. ADDRESS OF OPERATOR
P O Box 208, Farmington, NM 87499
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
1100' FNL - 1600' FWL
- RECEIVED
JUL 22 1985

RECEIVED

UL 22 1985

BUREAU OF LAND MANAGEMENT

- | | | | | |
|----------------|---|-------------------|------------|-----------|
| 14. PERMIT NO. | 15. ELEVATIONS (Show whether DP, WAD, or R) | 16. RESOURCE AREA | 17. COUNTY | 18. STATE |
| | 5552' GL | | San Juan | NM |

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

- | 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"/> | WATER SHUT-OFF | <input type="checkbox"/> |
| FRACTURE TREAT | <input type="checkbox"/> | FRACTURE TREATMENT | <input type="checkbox"/> |
| SHOOT OR ACIDIZE | <input type="checkbox"/> | SHOOTING OR ACIDIZING | <input type="checkbox"/> |
| REPAIR WELL | <input type="checkbox"/> | (Other) _____ | <input type="checkbox"/> |
| PULL OR ALTER CASING | <input type="checkbox"/> | REPAIRING WELL | <input type="checkbox"/> |
| MULTIPLE COMPLETE | <input type="checkbox"/> | ALTERING CASING | <input type="checkbox"/> |
| ABANDON* | <input type="checkbox"/> | ABANDONMENT* | <input type="checkbox"/> |
| CHANGE PLANE | <input type="checkbox"/> | (NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) | |
| (Other) Report Plans for Well | | | |

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 is a small Pictured Cliffs well capable of production. It requires well head compression and makes a relatively large amount of formation water when producing. We are evaluating a water disposal plan for this lease and plan to have the well back on production within 60 days.

RECEIVED
JUL 26 1985
OIL CON. DIV.
DIST. 3

18. I hereby certify that the foregoing is true and correct
- SIGNED Jim L. Jacobs TITLE Geologist DATE 7-19-85
- (This space for Federal or State office use)
- APPROVED BY _____ TITLE _____ DATE _____
- CONDITIONS OF APPROVAL, IF ANY:
- ACCEPTED FOR RECORD
- JUL 25 1985

FARMINGTON RESOURCE AREA

***See Instructions on Reverse Side**

BY Jim

Title 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, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.