Form 3160-5 (November 1983) (Formerly 9-331) DEPARTM	INITED STATES ENT OF THE INTERIC	SUBMIT IN TRIPLICATES (Other instructions on reverse side)	Expires August : 5. LEASE DESIGNATION A	
BUREAU OF LAND MANAGEMENT			SF 078110	
SUNDRY NOTIC	6. IF INDIAN, ALLOTTEE OR TRIBE NAME			
1.			7. UNIT AGREEMENT NAM	(B
WELL WELL A OTHER 2. NAME OF OPERATOR	8. FARM OR LEASE NAME			
DUGAN PRODUCTION CORP.			Federal I	
3. ADDRESS OF OPERATOR D. O. Poy 200 Farmingto	on NM 87499		5	
P 0 Box 208, Farmington, NM 87499 4. LUCATION OF WELL (Report location clearly and in accordance with any State Equilented Englishment of Sec also space 17 below.)			10. FIELD AND POOL, OR WILDCAT	
1850' FSL - 1850' FEL UL 22 1985 BUREAU OF LAND MANAGEMENT			Harper Hill FR PC 11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA	
			Sec. 1, T29N, R14W, NMPM	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, B		12. COUNTY OR PARISH	
	5475' GL		San Juan	NM
16. Check App	propriate Box To Indicate Na	ture of Notice, Report, or C	Other Data	
NOTICE OF INTENTION TO:			UENT REPORT OF:	
\Langle	LL OR ALTER CASING	WATER SHUT-OFF	REPAIRING W	11
	ULTIPLE COMPLETE	FRACTURE TREATMENT SHOOTING OR ACIDIZING	ABANDONMEN	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ANDON*	(Other)		
(Other) Report of Plans 1	for Well X	Completion or Recomp	of multiple completion of letion Report and Log for	m.)
requires wellhead	all Pictured Cliffs w compression and make r when producing. We se and plan to have t	s a relatively large are evaluating a wa	e amount ater disposal	
		0	JUL2 6 1985 TL CON. DIV DIST. 3	
18. I hereby certify that the foregoing is SIGNED Jim L. Jacob	S TITLE Geold	ogist	7-1	9-85 FOR RECORD
(This space for Federal or State office	e use)	*	1111 5	2.5.1985
APPROVED BY	TITLE		FAKIMINGTUN	MESOUNUE AKEA
		D 0:1	ВУ	***************************************

Title 18 U.S.C. Section 1001, makes it a crime for any person knowing, 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.

*See Instructions on Reverse Side