

6 BLM
Form 3160-5
(November 1983)
(Formerly 9-331)

1 File

1 Duncan

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)

Form approved.
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 ☒ GAS WELL ☐ OTHER ☐
2. NAME OF OPERATOR
RAYMOND T. DUNCAN
3. ADDRESS OF OPERATOR
P.O. Box 420, Farmington, NM 87499
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
1485' FNL & 330' FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, ST, CR, etc.)

5042' GR

5. LEASE DESIGNATION AND SERIAL NO.

14-20-0603-10010

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Navajo Tribal

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

North Hogback 12

9. WELL NO.

6

10. FIELD AND POOL, OR WILDCAT

Slickrock Dakota

11. SEC. T., R., N., OR BLK. AND
SURVEY OR AREA

Sec. 12, T29N, R17W, NMPM

12. COUNTY OR PARISH

13. STATE

San Juan

NM

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

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☐
☐
☐

PULL OR ALTER CASING

☐
☐
☐
☐

FRACTURE TREAT

MULTIPLE COMPLETION

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

Long-Term Shut-in

☒

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

☐
☐
☐
☐

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

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☐
☐
☐

(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.)*

Request long term shut-in because this well is unable to produce in paying quantities.

RECEIVED

DEC 31 1990

OIL CON. DIV./
DIST. 3

NOV 09 1991

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

SIGNED

Jim L. Jacobs
Jim L. Jacobs
(This space for Federal or State office use)

TITLE

Geologist/Agent

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

NMOOD

*See Instructions on Reverse Side

APPROVED

DATE

DEC 19 1990

M. Mansord
AREA MANAGER