

6 BLM 1 File 1 Duncan
UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. 14-20-0603-10009
2. NAME OF OPERATOR RAYMOND T. DUNCAN		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo Tribal
3. ADDRESS OF OPERATOR P.O. Box 5820, Farmington, NM 87499-5820		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1810' FNL & 330' FWL		8. FARM OR LEASE NAME North Hogback 7
14. PERMIT NO.		9. WELL NO. 3
15. ELEVATIONS (Show whether OF, RT, GR, etc.) 5046' GR		10. FIELD AND POOL, OR WILDCAT Slickrock Dakota
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 7, T 29N, R 16W, NMPM
		12. COUNTY OR PARISH San Juan
		13. STATE NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) Request Long Term Shut-in <input checked="" type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/>	

(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).*

In response to BLM letter 14-20-0603-10009 (WC) 3162.3-2 (019) regarding the subject well, Dugan Production Corp. is advising your office that it is Raymond Duncan's desire to request long term shut-in because this well is unable to produce in paying quantities under existing market conditions.

RECEIVED
NOV 15 1983
OF CON. DIV
DEC. 3

THIS APPROVAL EXPIRES NOV 09 1989

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

SIGNED Jim L. Jacobs TITLE Agent

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY:

DATE 8-29-88

NOV 09 1983
DATE

FL AREA MANAGER
FARMINGTON RESOURCE

*See Instructions on Reverse Side