

UNITED STATES
 DEPARTMENT OF THE INTERIOR
 BUREAU OF LAND MANAGEMENT

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

Budget Bureau No. 1004-1133
 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. WELL TYPE OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. 14-20-0603-10008
2. NAME OF OPERATOR RAYMOND T. DUNCAN		6. IF INDIAN ALLOTTEE OR TRIBE NAME Navajo
3. ADDRESS OF OPERATOR P.O. Box 420, Farmington, NM 87499		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 1310' FSL & 220' FWL		8. FARM OR LEASE NAME North Hogback 6
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, ST, GR, etc.) 4992' CR	9. WELL NO. 5
		10. FIELD AND POOL, OR WILDCAT Slickrock Dakota
		11. SEC. T, B, M., OR BLK. AND SURVEY OR AREA Sec. 6, T29N, R16W, NMPM
		12. COUNTY OR PARISH San Juan
		13. STATE NM

16. 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"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) _____	(Other) _____
(Other) <input checked="" type="checkbox"/> Long-Term Shut-in	<input checked="" 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.)*

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

RECEIVED

JAN 08 1990

OIL CON. DIV

DIST. 3

NOV 09 1990

THIS APPROVAL EXPIRES

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

SIGNED

Jim L. Jacobs
 Jim L. Jacobs

TITLE

Geologist / Agent

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED	
DATE	11-9-89
DATE	JAN 03 1990
	<i>John Kella</i>
AREA MANAGER FARMINGTON RESOURCE AREA	

*See Instructions on Reverse Side