

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 ☒ GAS WELL ☐ OTHER ☐		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.		9. WELL NO. 5	
15. ELEVATIONS (Show whether DF, ST, GR, etc.) 4992' GR		10. FIELD AND POOL, OR WILDCAT Slickrock Dakota	
		11. SEC., T., R., N., OR BLK. AND SUBST. OR AREA Sec. 6, T29N, R16W, NMPH	
		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 ☐	PULL OR ALTER CASING ☐	WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐	FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐	SHOOTING OR ACIDISING ☐	ABANDONMENT* ☐
REPAIR WELL ☐	CHANGE PLANS ☐	(Other) ☐	(Other) ☐
(Other) Long Term Shut-in ☒		(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

JAN 04 1991

OIL CON. DIV
DIST. 3

THIS APPROVAL EXPIRES

NOV 09 1991

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

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

TITLE Geologist/Agent

DATE 11-9-90

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

APPROVED

DEC 19 1990

AREA MANAGER

*See Instructions on Reverse Side

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