

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 2070' FNL & 740' FWL		8. FARM OR LEASE NAME North Hogback 7	
14. PERMIT NO.		9. WELL NO. 4	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5047' 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:

SUBSEQUENT REPORT OF:

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"/>	

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 5 1988  
OIL CON.  
DIST.

THIS APPROVAL EXPIRES

NOV 09 1988

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

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

TITLE Agent

DATE 8-29-88

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

NNOSC

\*See Instructions on Reverse Side

NOV 09 1988  
DATE  
AREA MANAGER  
FARMINGTON RESOURCE