

6 BLM  
November 1988  
Form 1004-0123

1 File 1 Duncan

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

Budget Bureau No. 1004-0123  
Expires August 31, 1988

5. LEASE DESIGNATION AND SERIAL NO

14-20-0603-10009

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Navajo Tribal

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

North Hogback 7

9. WELL NO.

4

10. FIELD AND POOL, OR WILDCAT

Slickrock Dakota

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

Sec. 7, T29N, R16W, NMPM

12. COUNTY OR PARISH 13. STATE

San Juan

NM

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

2070' FNL & 740' FWL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

5047' GR

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

(Other)

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON\* ☐

CHANGE PLANS ☐

Long-Term Shut-in

X

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other)

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT\* ☐

(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 perti-  
nent 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

THIS APPROVAL EXPIRES

NOV 09 1990

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

SIGNED

Jim L. Jacobs

TITLE

Geologist / Agent

DATE

APPROVED

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

JAN 03 1990

Jim L. Jacobs

AREA MANAGER  
FARMINGTON RESOURCE AREA

\*See Instructions on Reverse Side