

6 BLM  
Form 3160-5  
(November 1983)  
(Formerly 9-331)

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

5. LEASE DESIGNATION AND SERIAL NO.  
14-20-0603-10008

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Navajo

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

North Hogback 6

9. WELL NO.

6

10. FIELD AND POOL, OR WILDCAT

Slickrock Dakota

11. SEC. T., R., OR BLK. AND  
SUBST. OR AREA

Sec. 6, T29N, R16W, NMPM

12. COUNTY OR PARISH

San Juan

13. STATE  
NM

1. 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

1900' FSL & 620' FWL

14. PERMIT NO.

15. ELEVATIONS (Show whether SF, ST, GR, etc.)

5000' GR

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF


PCLL OR ALTER CASING


FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON\*

REPAIR WELL

CHANGE PLANS

(Other)

Long Term Shut-in

X

SUBSEQUENT REPORT OF:

WATER SHUT-OFF


REPAIRING WELL


FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT\*

(Other)

(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

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

NMOCD

APPROVED

DEC 19 1990

AREA MANAGER

\*See Instructions on Reverse Side

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Slickrock Dakota

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

Sec. 6, T29N, R16W, NMPM

12. COUNTY OR PARISH 13. STATE

San Juan

NM

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.)

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5000' GR

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NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

PCLL OR ALTER CASING

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

FRACURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON\*

REPAIR WELL

CHANGE PLANS

(Other)

Long Term Shut-in

☒

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

REPAIRING WELL

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

FRACURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT\*

(Other)

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