Form 3160-5 (June 1990)

## UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

FORM APPROVED Budget Bureau No. 1004-0135

Expires: March 31, 1993 Lease Designation and Serial No.

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6. If Indian, Allottee or Tribe Name

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Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.

Use "APPLICATION FOR PERMIT—" for such proposals.

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SUBMIT IN TRIPLICATE	7. If Unit or CA, Agreement Designation
I. Type of Well Other  2. Name of Operator	8. Well Name and No. Billie #2
Dugan Production Corp.  3. Address and Telephone No.	9. API Well No. 30-045-23386
P.O. Box 420, Farmington, NM 87499 (505) 325-1821  4. Location of Well (Footage, Sec., T. R., M., or Survey Description)	10. Field and Pool, or Exploratory Area Lindes. Chacka
1850' FSL & 790' FWL Sec. 35, T22N, R8W	11. County or Parish, State  San Juan, NM
CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPO	ORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION	TYPE OF ACTION			
Notice of Intent OCT1 5  Final Abandonment Off CON DIST.	Attering Casing  Other long-term shut-in	Change of Plans New Construction Non-Routine Fracturing Waser Shut-Off Conversion to Injection Dispose Water (Note Report results of makiple completion on Well Completion or Recompletion Report and Log form			
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13. 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 based on economics.

This well is 5 miles from our closest possible gas tie in. The construction of a 2-7/8" pipeline to our Rusty Chacra facility would cost about \$225,000. This lease and others in the area hold potential to support a line if gas prices improve. The price of a line cannot be borne by this single well which tested for 105 MCFD on an AOF.

> OCT 0 1 1994 THIS APPROVAL EXPIRES

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4. I hereby certify that the foregoing is true and correct			
Signed Communication of the Co	Tide	Operations Manager	Dete9/30/93
space for Federal or State office use)			APPROVED
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o any matter within its jurisdiction