Form 3160-5
(June 1990)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUNDRY NOTICES AND REPORTS ON WELLS

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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95 SEP -7 PM 12: 23

SUBMIT IN TRIPLICATE

070 FARMINGTON, NM

5. Lease Designation and Serial No.
NM 90472

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

1. Type of Well ☐ Oil Well ☒ Gas Well ☐ Other	
2. Name of Operator Dugan Production Corp.	8. Well Name and No. Dorsey #1
3. Address and Telephone No. P.O. Box 420, Farmington, NM 87499 (505) 325-1821	9. API Well No. 30 045 29173
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 1720' FNL & 790' FWL Unit E, Sec. 26, T22N, R8W	10. Field and Pool, or Exploratory Area W/C Bisti Chacra 11. County or Parish, State San Juan County, NM

12. **CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA**

TYPE OF SUBMISSION	TYPE OF ACTION	
☒ Notice of Intent	☐ Abandonment	☐ Change of Plans
	☐ Recompletion	☐ New Construction
☐ Subsequent Report	☐ Plugging Back	☐ Non-Routine Fracturing
	☐ Casing Repair	☐ Water Shut-Off
☐ Final Abandonment Notice	☐ Altering Casing	☐ Conversion to Injection
	☒ Other Extend APD	☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.)*

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OIL CON. DIV.
DIST. 3

Request a 6 month extension of time on approved APD.

APPROVED
SEP 07 1995
DISTRICT MANAGER

THIS APPROVAL EXPIRES _____ 1995

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

Signed _____ Jim L. Jacobs	Title Vice-President	Date 9/6/95

(This space for Federal or State office use)

Approved by _____	Title _____	Date _____

Conditions of approval, if any:

*See Instruction on Reverse Side

NMOCD