

6 BLM 1 File
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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR DUGAN PRODUCTION CORP.	8. FARM OR LEASE NAME Pet Inc.
3. ADDRESS OF OPERATOR P.O. Box 420 Farmington, NM 87499-	9. WELL NO. 15
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1850' FSL & 1850' FEL	10. FIELD AND POOL, OR WILDCAT Basin-Fruitland Coal/ Ojo FR Sand-PC
14. PERMIT NO.	11. SEC., T., R., N., OR BLK. AND SURVEY OR AREA Sec. 36, T.28N, R.15W, NMPM
15. ELEVATIONS (Show whether DF, RT, OR, etc.) 5709' GR	12. COUNTY OR PARISH San Juan
	13. STATE NM

16. 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"/>	PCCL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Status	
(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.)*

Plan to swab test and evaluate the subject well. If it does not warrant placing on production, will plug & abandon.

RECEIVED

JUL 13 1990

OIL CON. DIV
DIST 3

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

SIGNED

Jim V. Jacobs

TITLE Geologist

DATE 6-21-90

(This space for Federal or State office use)

APPROVED BY

TITLE

JUL 19 1990

CONDITIONS OF APPROVAL, IF ANY:

APPROVED

AREA MANAGER