

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.
 SF-078931-B (CA #8561)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 GAS WELL OTHER

2. NAME OF OPERATOR
 DUGAN PRODUCTION CORP.

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
 2130' FNL & 1850' FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, CR, etc.)
 5866' GL; 5877' RKB

7. UNIT AGREEMENT NAME
 Central Cha Cha Unit

8. FARM OR LEASE NAME
 Central Cha Cha Unit

9. WELL NO.
 3

10. FIELD AND POOL, OR WILDCAT
 Cha Cha Gallup

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
 Sec. 31, T29N, R13W, NMPM

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"/>	PULL 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 type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) _____	(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)
(Other) Request Ext. to P & A <input checked="" type="checkbox"/>			

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 a 15 day extension of time in which to plug and abandon the subject well due to equipment availability.

RECEIVED
 OCT 23 1989
 OIL CON. DIV
 DIST. 3

THIS APPROVAL EXPIRES NOV 21 1989

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

SIGNED Jim L. Jacobs TITLE Geologist

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____

CONDITIONS OF APPROVAL, IF ANY:

APPROVED
 DATE 10-13-89
 OCT 17 1989
 DATE _____
 AREA MANAGER
 FARMINGTON RESOURCE AREA

*See Instructions on Reverse Side