

b BLM | File | Duncan  
**UNITED STATES**  
**DEPARTMENT OF THE INTERIOR**  
**BUREAU OF LAND MANAGEMENT**

**SUBMIT IN TRIPLICATE\***  
(Other instructions on reverse side)

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. <b>OIL WELL</b> <input checked="" type="checkbox"/> <b>CAS WELL</b> <input type="checkbox"/> <b>OTHER</b> <input type="checkbox"/>		5. <b>LEASE DESIGNATION AND SERIAL NO.</b> 14-20-0603-9591
2. <b>NAME OF OPERATOR</b> Raymond T. Duncan		6. <b>IF INDIAN, ALLOTTEE OR TRIBE NAME</b> Navajo Tribal
3. <b>ADDRESS OF OPERATOR</b> 1777 So. Harrison St., P-1, Denver, CO 80210		7. <b>UNIT AGREEMENT NAME</b>
4. <b>LOCATION OF WELL</b> (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1979' FSL & 1688' FEL Sec. 1, T29N, R17W		8. <b>FARM OR LEASE NAME</b> North Hogback 1
14. <b>PERMIT NO.</b>		9. <b>WELL NO.</b> 2
15. <b>ELEVATIONS</b> (Show whether DF, RT, GR, etc.) 4984' GL		10. <b>FIELD AND POOL, OR WILDCAT</b> Slickrock-Dakota
BUREAU OF LAND MANAGEMENT FARMINGTON RESOURCE AREA		11. <b>SEC., T., R., M., OR BLK. AND SURVEY OR AREA</b> Sec. 1, T29N, R17W, NMPM
		12. <b>COUNTY OR PARISH</b>   13. <b>STATE</b> San Juan   NM

**RECEIVED**  
APR 11 1986

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 checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	

(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.)\*

This well was plugged and abandoned as follows:

1. Spotted 10 sk cement plug 655-515' in 4½" casing (11.8 cu.ft. slurry).
2. Spotted 5 sk cement plug 60' to surface in 4½" casing (5.9 cu.ft. slurry).
3. Dug down around casing and cut off 4' below ground level.
4. Welded ¼" steel plate on casing.
5. Restored surface.

\*Note: Cementing witnessed by Mark Philliber with Farmington BLM office. No dry hole marker - this well located in cultivated field. Job complete 4-9-86.

**RECEIVED**  
APR 21 1986  
OIL CON. DIV.  
DIST. 2

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

SIGNED Jim L. Jacobs TITLE Geologist **APPROVED** 4-11-86  
(This space for Federal or State office use) **AS AMENDED**

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE APR 17 1986  
CONDITIONS OF APPROVAL, IF ANY: \_\_\_\_\_  
**Approved as to plugging of the well bore.**  
Liability under bond is retained until surface restoration is completed. \*See Instructions on Reverse Side  
AREA MANAGER