

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.

14-20-0603-10009

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Navajo Tribal

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

North Hogback 7

9. WELL NO.

3

10. FIELD AND POOL, OR WILDCAT

Slickrock Dakota

11. SEC., T., R., N., OR S.E. AND
SURVEY OR AREA

Sec. 7, T29N, R16W, NMPM

12. COUNTY OR PARISH 13. STATE

San Juan

NM

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
RAYMOND T. DUNCAN

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

1810' FNL & 330' FWL

14. PERMIT NO.

15. ELEVATIONS (Show whether SP, ST, GR, etc.)

5046' GR

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

Long Term Shut-in

X

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

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

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

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 long term shut-in because this well is unable to produce in paying quantities.

RECEIVED
DEC 31 1990

OIL CON. DIV.
DIST. 3

THIS APPROVAL EXPIRES NOV 09 1991

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

SIGNED

Jim L. Jacobs

(This space for Federal or State office use)

TITLE Geologist/Agent

DATE 11-9-90

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED

DEC 19 1990

AREA MANAGER

*See Instructions on Reverse Side