

Form 3160-5
(June 1990)UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENTFORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

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

SUBMIT IN TRIPLICATE

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

Dugan Production Corp.

3. Address and Telephone No.

P.O. Box 420, Farmington, NM 87499 (505) 325-1821

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

800' FNL - 1680' FEL
Sec. 31, T32N, R17W, NMPM

5. Lease Designation and Serial No.

14-20-603-586

6. If Indian, Allottee or Tribe Name

Navajo

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Horseshoe 1

9. API Well No.

30-045-11205

10. Field and Pool, or Exploratory Area

Mesa Gallup

11. County or Parish, State

San Juan, NM

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

TYPE OF SUBMISSION

- ☒
- Notice of Intent
-
- ☐
- Subsequent Report
-
- ☐
- Final Abandonment Notice

TYPE OF ACTION

- ☐
- Abandonment
-
- ☐
- Recompletion
-
- ☐
- Plugging Back
-
- ☐
- Casing Repair
-
- ☐
- Altering Casing
-
- ☒
- Other

Shut-in

- ☐
- Change of Plans
-
- ☐
- New Construction
-
- ☐
- Non-Routine Fracturing
-
- ☐
- Water Shut-Off
-
- ☐
- Conversion to Injection
-
- ☐
- 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.)^aAUG 20 1992
OIL CON. DIV.
DIST. 3A gas sales agreement has not been secured as of this date.
Request permission to shut-in until gas sales agreement can be reached.RECEIVED
BLM
92 AUG 17 AM 11:41
019 FARMINGTON, N.M.THIS APPROVAL EXPIRES AUG 15 1993

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

Signed John Alexander Title Operations ManagerDate 8/14/92

(This space for Federal or State office use)

Approved by _____
Conditions of approval, if any:

Title _____

NMOCD

APPROVED
AUG 18 1992
AREA MANAGER