Form 3160-5	UNITE	D STATES	I FORM APPROVED
(June 1990)		OF THE INTERIOR	Budget Bureau No. 1904-0135
		ND MANAGEMENT	Expires: March 31, 1993
	DUREAU OF EA	MANACEMENT	5. Lease Designation and Serial No.
SUNDRY NOTICES AND REPORTS ON WELLS			NM 55836
	rm for proposals to drill	or to deepen or reentry to a different reservoir.	6. If Indian, Allottee or Tribe Name
U:	Se APPLICATION FOR I	PERMIT—" for such proposals	
	7. If Unit or CA, Agreement Designation		
1. Type of Well Oil X Gas Well Well	Other		8. Well Name and No.
2. Name of Operator			Hendrix #1
Dugan Production Corp.			9. API Well No.
3. Address and Telephone No.			30 045 28931
P.O. Box 420, Farmington, NM 87499 (505) 325–1821			10. Field and Pool, or Exploratory Area
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)			Wildcat Chacra
1190' FNL & 1	11. County or Parish, State		
Unit B, Sec.	San Juan, NM		
12. CHECK A	PPROPRIATE BOX(s)	TO INDICATE NATURE OF NOTICE, REPO	RT, OR OTHER DATA
TYPE OF SUBMISSION TYPE OF ACTION			1
Notice of	Intent	Abandonment	Change of Plans
		Recompletion	New Construction
Subsequen	Report MAY2 0 189	A Plugging Back	Non-Routine Fracturing
		Casing Repair	Water Shut-Off
Final Aber	ndonmen (Novide COV)	Altering Casing	Conversion to Injection
	\ DIST. 9	X Other TD, 45" csq & cement	Dispose Water
	(8001.		(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)
TIH with collars 4½" 10.5 Turboliz 2% loder slurry).	. Rig up Great 5# J-55 used cas zers @ 250' & 18 nse & 130 sx cla Displace with held OK.	. Circulate hole. Laid down	IH with 52 jts. ollar at 1507'. nent with 75 sx sk (300 current. 20) 30 hrs 55-4-93 bc. i. Had Good m
14. I hereby certify that the for	egoing is true and correct	Vice-President	Date 5/5/93
Signed Jim (This space for Federal or S	L. Jacobs State office use)	TideTide	Date
Approved by Title ACCEPTED FOR R			TED FOR RECORD
Conditions of approval, if a			10Y 07 1993
Fide 18 U.S.C. Section 1001, or representations as to any mate		ingly and willfully to make to any department or agency of the United	States any false, fictitious or fraudulent statements
			HUI OH OIGHNOT OFFICE

BY ___________