

5 BLM 2 Mountain Fuel 1 File 1 NWPL
UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Form approved
Budget Bureau No. 1004-0135
Expires August 31, 1985

SUBMIT IN TRIPLICATE
(Other instructions on re-
verse side)

SUNDRY NOTICES AND REPORTS ON WELLS ROOM

(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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		3. LEASE DESIGNATION AND SERIAL NO. NM 16589	
2. NAME OF OPERATOR DUGAN PRODUCTION CORP.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P.O. Box 5820, Farmington, NM 87499-5820		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1050' FSL & 850' FWL		8. FARM OR LEASE NAME Mountain	
14. PERMIT NO.		9. WELL NO. 3	
15. ELEVATIONS (Show whether OF, RT, CR, etc.) 6860' GL		10. FIELD AND POOL, OR WILDCAT Undesignated PC	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 15, T24N, R8W, 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 COMPLETION <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) <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.)

In response to BLM letter NM-16589 (WC) 3162.3-4 (019) dated 11-3-88, the subject well is to be plugged by January 31, 1988.

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

SIGNED <u>Jim L. Jacobs</u>	TITLE <u>Geologist</u>	DATE <u>12-5-88</u>
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(This space for Federal or State office use)

APPROVED BY James E. Edwards TITLE Area Manager

CONDITIONS OF APPROVAL, IF ANY:

APPROVED

DEC 10 1988

AREA MANAGER
FARMINGTON RESOURCES AREA