

5 BLM 2 Celsius 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

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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		3. ADDRESS OF OPERATOR P.O. Box 5820, Farmington, NM 87499-5820		5. WELL NO. 3	
2. NAME OF OPERATOR DUGAN PRODUCTION CORP.		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		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
14. PERMIT NO.		15. ELEVATIONS (Show whether OF, XT, CR, etc.) 6860' GL		7. UNIT AGREEMENT NAME	
				8. FARM OR LEASE NAME Mountain	
				9. FIELD AND POOL, OR WILDCAT Undesignated PC	
				10. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 15, T24N, R8W, NMPM	
				11. COUNTY OR PARISH San Juan	
				12. 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"/>	WATER SHUT-OFF	<input type="checkbox"/>
FRAC TREAT	<input type="checkbox"/>	FRAC TREATMENT	<input type="checkbox"/>
BHOOT OR ACIDIZING	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	(Other)	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>		<input type="checkbox"/>
MULTIPLE COMPLETE	<input checked="" type="checkbox"/>		<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>		<input type="checkbox"/>
CHANGE PLANS	<input type="checkbox"/>		<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.)

Due to adverse weather conditions, this well has not been plugged. We plan to plug and abandon as soon as weather permits.

THIS APPROVAL EXPIRES MAY 01 1989

I hereby certify that the foregoing is true and correct

SIGNED Jim L. Jacobs

TITLE Geologist

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

NMOCC

APPROVED	
DATE 1-30-89	
FEB 01 1989	
JAMES E. EDWARDS, JR. AREA MANAGER FARMINGTON RESOURCE AREA	