4-BLM-Farmington 1-File 1-PB

Form 3160-5
(June 1990)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM 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

5. Lease Designation and Serial No.: NM 5991
6. If Indian, Allottee or Tribe Name:
7. If Unit or CA, Agreement Designation:
8. Well Name and No.: June Joy #2
9. API Well No.: 30-045-23893
10. Field and Pool, or Exploratory Area: Bisti Lower Gallup
11. County or Parish, State: San Juan, NM

1. Type of Well: [X] 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): 790' FNL & 1670' FEL β Sec. 25, T24N, R10W, NMPM

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

TYPE OF SUBMISSION	TYPE OF ACTION	
[ ] Notice of Intent	[ ] Abandonment	[ ] Change of Plans
[X] Subsequent Report	[ ] Recompletion	[ ] New Construction
[ ] Final Abandonment Notice	[ ] Plugging Back	[ ] Non-Routine Fracturing
	[ ] Casing Repair	[ ] Water Shut-Off
	[ ] Altering Casing	[ ] Conversion to Injection
	[X] Other Returned to Production	[ ] 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.)*

Well Placed on Production — Time 11:00 AM — Date 3/25/97

Type of Production — Crude Oil ____ — Crude Oil & Casinghead Gas X — Natural Gas ____ — Natural Gas & Entrained Liquid Hydrocarbons ____

Communitization Agreement Number ____

97 MAY 16 PM 12:37 OCD

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

Signed LeAnna Hanhardt — Title Production Report Supervisor — Date 5/15/97

(This space for Federal or State office use)

Approved by ____ Title ____ Date ____
Conditions of approval, if any:

ACCEPTED FOR RECORD
MAY 1997
FARMINGTON DISTRICT OFFICE

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

*See Instruction on Reverse Side

NMOCD