Form 3160-5 (June 1990)

or representations as to any matter within its jurisdiction

UNITED STATES **DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT**

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Budger Bureau Expires: M	No.	1004-	013
Expires: M	arch	31, 199	3

5. Lease Designation and Serial No.

NM 63318 SUNDRY NOTICES AND REPORTS ON WELLS 6. If Indian, Allottee or Tribe Name 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 7. If Unit or CA, Agreement Designation SUBMIT IN TRIPLICATE 1. Type of Well ON WAR X Cas Well Other 8. Well Name and No. P&A 2. Name of Operator Clarence 1 9. API Well No. Dugan Production Corp. 3. Address and Telephone No. 30-045-27996 10. Field and Pool, or Exploratory Area P.O. Box 420, Farmington, NM 87499 (505) 325-1821 4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Wildcat Pictured Cliffs 11. County or Parish, State 1680' FSL - 1830' FWL San Juan, NM Sec. 4, T24N, R9W, 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 Recompletion **New Construction** Subsequent Report Plugging Back Non-Routine Fracturing Casing Repair Water Shut-Off Final Abandonment Notice Altering Casing Conversion to Injection Dispose Water (Note: Report results of multiple completion on Well on 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.)* Pump 151 cu. ft. Class B + 4% gel down casing on 4-28-94. Pumped 47 cu. ft. Class B down casing and Checked cement top. filled to surface. Job complete 5-6-94. DECEIVED N MAY 1 6 1994 Approved as to plugging of the well bore. ONL COM. DIV. Liebilia, were to all in cotained until 807 B Paging. 14. I hereby certify that the foregoing 5/9/94 Operations Manager (This space for Federal or State office uses Approved by Conditions of approval, if any: APPHOVEU Tide 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, fictibility or fraughtlend states are false.