

UNITED STATES¹ File
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

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

5. LEASE DESIGNATION AND SERIAL NO.
Jic. Tribal Contract #241

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Jicarilla

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Boulder

9. WELL NO.

10

10. FIELD AND POOL, OR WILDCAT

Boulder Mancos

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 23, T. 20N, R. 1W, N. 10PM

12. COUNTY OR PARISH

Rio Arriba

13. STATE

NM

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

DUGAN PRODUCTION CORP.

3. ADDRESS OF OPERATOR

P.O. Box 420, Farmington, NM 87499

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*

See also space 17 below.)
At surface

330' FSL & 2310' FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether SP, ST, CR, etc.)

7137' GL

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PCLL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

Status

XX

(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 phases of work pertinent to this work.)*

RECEIVED
SEP 14 1990
OIL CON DIV
DIP

We are in the process of negotiating with another operator the sale of this property and request sixty (60) days to attempt to consummate this sale.

THIS APPROVAL EXPIRES NOV 02 1990

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

SIGNED

Thomas A. Dugan
Thomas A. Dugan
(This space for Federal or State office use)

TITLE President

DATE 8-31-90

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

Ken Townsend

*See Instructions on Reverse Side