

BUREAU OF LAND MANAGEMENT

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. Jic. Tribal Contract #241	
2. NAME OF OPERATOR DUGAN PRODUCTION CORP.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Jicarilla	
3. ADDRESS OF OPERATOR P.O. Box 420, Farmington, NM 87499		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 330' FNL & 1650' FWL		8. FARM OR LEASE NAME Boulder	
14. PERMIT NO.		9. WELL NO. 4	
15. ELEVATIONS (Show whether DF, RT, CR, etc.)		10. FIELD AND POOL, OR WILDCAT Boulder Mancos	
		11. SEC. T., R., M., OR BLK. AND SURVEY OR AREA Sec. 23, T28N, R1W, NMPM	
		12. COUNTY OR PARISH Rio Arriba	
		13. STATE NM	

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)

PULL 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

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting and completion of work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and bottom hole.)

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

SEP 14 1990

OIL CON. DIV.
DIST. 3

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.

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

SIGNED

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

*See Instructions on Reverse Side