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

SUBMIT IN TRIPLICATE*
(Other Instructions on reverse side)

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

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

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.)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Jicarilla

1.	7. UNIT AGREEMENT NAME
OIL WELL [XX] GAS WELL [ ] OTHER	

2. NAME OF OPERATOR	8. FARM OR LEASE NAME
DUGAN PRODUCTION CORP.	Boulder

3. ADDRESS OF OPERATOR	9. WELL NO.
P.O. Box 420, Farmington, NM 87499	1

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

1750' FNL & 950' FWL

10. FIELD AND POOL, OR WILDCAT
Boulder Mancos

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 14, T28N, R1W, NMPM

14. PERMIT NO.	15. ELEVATIONS (Show whether DF, KT, GR, etc.) 7358' KB	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:			SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF [ ]	PULL OR ALTER CASING [ ]		WATER SHUT-OFF [ ]	REPAIRING WELL [ ]
FRACTURE TREAT [ ]	MULTIPLE COMPLETE [ ]		FRACTURE TREATMENT [ ]	ALTERING CASING [ ]
SHOOT OR ACIDIZE [ ]	ABANDON* [ ]		SHOOTING OR ACIDIZING [ ]	ABANDONMENT* [ ]
REPAIR WELL [ ]	CHANGE PLANS [ ]		(Other) _Status_	[X]
(Other)			(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.)*

Dugan Production has now acquired 100% working interest in this
lease. It is our intention to start a workover program this fall
on this lease. We plan to first workover Boulder Well No. 2, and
if successful, we will attempt to rework the other wells. If this
plan is not successful, we will plug and abandon this well.

RECEIVED
SEP 18 1989
OIL CON. DIV.
DIST. 3

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

SIGNED _Jim L. Jacobs_   TITLE _Geologist_   DATE _8-31-89_

(This space for Federal or State office use)

APPROVED BY _____   TITLE _____   DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side