5 BLM 1 File

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 11580
6. If Indian, Allottee or Tribe Name:
7. If Unit or CA, Agreement Designation:

1. Type of Well: ☐ 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): 1000' FNL - 1800' FEL, Sec. 29, T27N, R13W, NMPM
8. Well Name and No.: KR 1
9. API Well No.: 30-045-21838
10. Field and Pool, or Exploratory Area: WAW Fruitland Sand PC
11. County or Parish, State: San Juan, NM

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
☐ Subsequent Report	☐ Recompletion	☐ New Construction
☐ Final Abandonment Notice	☐ Plugging Back	☐ Non-Routine Fracturing
	☐ Casing Repair	☐ Water Shut-Off
	☐ Altering Casing	☐ Conversion to Injection
	☐ Other _____	☐ 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.)*

Swabbed well with small amount of gas and water produced. Plan to return well to production by 7-1-94 after acidizing. If well does not respond to acid treatment well will be plugged by 7-1-94 per previous sundry.

RECEIVED BLM 94 MAR 30 AM 7:53 070 FARMINGTON, NM

RECEIVED APR 1994 OIL CON. DIV. DIST. 3

THIS APPROVAL EXPIRES JUL 01 1994

14. I hereby certify that the foregoing is true and correct
Signed: John Alexander Title: Operations mgr Date: APPROVED

(This space for Federal or State office use)

Approved by _____ Title _____ Date: APR 05 1994
Conditions of approval, if any:

DISTRICT MANAGER

NMOCD

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