

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

070 FARMINGTON, NM

1. Type of Well <input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other P&A	5. Lease Designation and Serial No. NM 11580
2. Name of Operator Dugan Production Corp.	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. P.O. Box 420, Farmington, NM 87499 (505) 325-1821	7. If Unit or CA, Agreement Designation
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 973' FNL - 1000' FWL Sec. 29, T27N, R13W, NMPM	8. Well Name and No. KR 2
	9. API Well No. 30-045-21897
	10. Field and Pool, or, Exploratory Area Basin-Fruitland Coal/ WAW FR 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	
<input type="checkbox"/> Notice of Intent	<input checked="" type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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.)*

Filled casing with 48 cu. ft. Class B cement on 7-5-94. Tagged cement top at 132'. Filled casing with 7 cu. ft. Class B with 4% gel on 7-28-94 to fill to surface. Job complete 7-28-94.

RECEIVED
AUG - 8 1994
OIL CON. DIV.
DIST. 3

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

Signed John Alexander Title Operations Manager Date 8/3/94
(This space for Federal or State office use)

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

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

NMOCD

APPROVED
AUG 11 1994
DISTRICT MANAGER