

UNITED STATES
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

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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. NM 1336	
2. NAME OF OPERATOR DUGAN PRODUCTION CORP.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
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 900' FSL & 790' FWL		8. FARM OR LEASE NAME Thomas Jefferson	
14. PERMIT NO.		9. WELL NO. 2	
15. ELEVATIONS (Show whether OF, RT, GR, etc.) 6187' GR		10. FIELD AND POOL, OR WILDCAT WAW FR PC	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 34, T27N, R13W, NMPM	
		12. COUNTY OR PARISH San Juan	
		13. STATE NM	

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETION	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input checked="" type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

(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 marks and zones pertinent to this work.) *

RECEIVED
APR 03 1990
OIL CON. DIV./
DIST. 3

In reference to BLM letter NM-1336 (WC) 3162.3-4 (019) dated February 28, 1990, Dugan Production Corp. is currently in the process of pulling tubing from this well and removing surface equipment. Dugan Production plans to plug the subject well by the end of March 1990 or the first two weeks in April 1990.

THIS APPROVAL EXPIRES

APPROVED BY Sherman E. Dugan TITLE Vice-President

APPROVED BY _____ TITLE _____

MAILED

*See Instructions on Reverse Side

APPROVED DATE 3-21-90 MAR 20 1990 FOR AREA MANAGER FARMINGTON RESOURCE AREA
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