

1 Southland 1 Texaco 1 L.A.E. 1 File  
**UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT**

SUBMIT IN TRIPLICATE\*  
(Other instructions on reverse 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		3. LEASE DESIGNATION AND SERIAL NO. NM 33022
2. NAME OF OPERATOR DUGAN PRODUCTION CORP.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 208, 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 1120' FNL - 790' FEL		8. FARM OR LEASE NAME Hugh Lake
14. PERMIT NO.		9. WELL NO. 2
15. ELEVATIONS (Show whether DF, ST, CR, etc.) 5835' GL; GI=RKB		10. FIELD AND POOL, OR WILDCAT South Gallegos FR PC
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 29, T27N, R12W, NMPM
		12. COUNTY OR PARISH San Juan
		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	<input type="checkbox"/>	WATER SHUT-OFF	<input type="checkbox"/>	
FRACURE TREAT	<input type="checkbox"/>	FRACURE TREATMENT	<input type="checkbox"/>	
SHOOT OR ACIDIZE	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>	
REPAIR WELL	<input type="checkbox"/>	(Other) Response to NM-33022(WC) 3165, 1 (016)	REPAIRING WELL	<input type="checkbox"/>
(Other)	<input type="checkbox"/>	(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	ALTERING CASING	<input type="checkbox"/>
FILL OR ALTER CASING	<input type="checkbox"/>		ABANDONMENT*	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>			
ABANDON*	<input type="checkbox"/>			
CHANGE PLANS	<input type="checkbox"/>			

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.)\*

In response to your letter dated 12-22-87, attached is a copy of a sundry we submitted on 11-13-87 requesting long-term shut-in. The BLM approved this until 11-17-88.

RECEIVED  
JAN 27 1988  
OIL CON. DIV  
DIST. 3

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

SIGNED <u>Jim L. Jacobs</u>	TITLE <u>Geologist</u>	DATE <u>1-8-88</u>
(This space for Federal or State office use)		
APPROVED BY _____	TITLE <u>NMOCC</u>	DATE <u>JAN 25 1988</u>
CONDITIONS OF APPROVAL, IF ANY:		

ACCEPTED FOR RECORD  
FARMINGTON RESOURCE AREA

\*See Instructions on Reverse Side

BY \_\_\_\_\_

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
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Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM 33022	
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4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1120' FNL - 790' FEL		8. FARM OR LEASE NAME HUGH, Lake	
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15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5835' GL; GL=RKB		10. FIELD AND POOL, OR WILDCAT South Gallegos FR PC	
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		12. COUNTY OR PARISH San Juan	
		13. STATE NM	

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

NOTICE OF INTENTION TO:

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

SUBSEQUENT REPORT OF:

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"/>		

(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.)

Request approval for long-term shut-in status due to the following:

Sales line unavailable.

Attached is a copy of a back pressure test (NMOCD form C-122) for the subject well.

THIS APPROVAL EXPIRES 11/17/88

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

SIGNED Jim L. Jacobs

TITLE Geologist

DATE 11-13-87

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_

TITLE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

DATE 11/13/87

\*See Instructions on Reverse Side

OPERATOR

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.