

Form 3160-5
(June 1990)UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

1. Type of Well <input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other		FORM APPROVED Budget Bureau No. 1004-0133 Expires: March 31, 1993	
2. Name of Operator Dugan Production Corp.		5. Lease Designation and Serial No. NM 33025	
3. Address and Telephone No. P.O. Box 420, Farmington, NM 87499 (505) 325-1821		6. If Indian, Allottee or Tribe Name	
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 810' FNL - 1080' FEL Sec. 33, T27N, R12W, NMPM		7. If Unit or CA, Agreement Designation	
		8. Well Name and No. Hugh Lake 3	
		9. API Well No. 30-045-25713	
		10. Field and Pool, or Exploratory Area Wildcat Pictured Cliffs	
		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 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 checked="" type="checkbox"/> Other See Below	<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.)^a

2/14/97 TIH with tubing and packer. Rig up Cementers Inc. Pressure tested casing to 450# - OK (chart on reverse). TOH with packer and tubing. Swab well in. Prepare to run production flow test.

RECEIVED
FEB 24 1997
OIL CON. DIV.
DIST. 3

RECEIVED
FEB 19 PM 1:43
OIL CON. DIV.

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

Signed Cary Brink Title Operations Manager Date 2/18/97
(This space for Federal or State office use)

Approved by _____ Title _____ Date FEB 2 1997
Conditions of approval, if any:

FARMINGTON DISTRICT OFFICE

