Form 3160–5
(November 1983)
(Formerly 9–331)

5 BLM   1 File   1 Southland

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

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.)

5. LEASE DESIGNATION AND SERIAL NO.

NM 0553184

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

1.

OIL WELL ☐   GAS WELL ☒   OTHER

7. UNIT AGREEMENT NAME

2. NAME OF OPERATOR

DUGAN PRODUCTION CORP.

8. FARM OR LEASE NAME

Ojo He He

3. ADDRESS OF OPERATOR

P O Box 208, Farmington, NM 87499

9. WELL NO.

7R

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface

790' FNL – 790' FEL

MAY 06 1985

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

10. FIELD AND POOL, OR WILDCAT

WAW Pictured Cliffs

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 33, T27N, R13W, NMPM

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

6124' GL; GL=RKB

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:

TEST WATER SHUT-OFF	☐
FRACTURE TREAT	☒
SHOOT OR ACIDIZE	
REPAIR WELL	
(Other)	

PULL OR ALTER CASING	☐
MULTIPLE COMPLETE	
ABANDON*	
CHANGE PLANS	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	☐
FRACTURE TREATMENT	☐
SHOOTING OR ACIDIZING	
(Other)	

REPAIRING WELL	☐
ALTERING CASING	
ABANDONMENT*	

(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.) *

We have swab tested this well and pulled 1½" tubing. We plan to frac within
the next 30 days.

RE
MAY 09 1985
OIL CONSERV DIV
DIST. 3

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

SIGNED Jim L. Jacobs

TITLE Geologist

DATE 5-3-85

(This space for Federal or State office use)

APPROVED BY _____   TITLE _____   DATE _____

CONDITIONS OF APPROVAL, IF ANY:

FOR _____

BY _____

*See Instructions on Reverse Side

NMOCC