

5-BLM 1-File 1-Southland  
**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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		2. NAME OF OPERATOR DUGAN PRODUCTION CORP.		3. ADDRESS OF OPERATOR P.O. Box 208, Farmington, NM 87499		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		5. LEASE DESIGNATION AND SERIAL NO. NM 0553184		6. IF INDIAN, ALLOTTEE OR TRIBE NAME		7. UNIT AGREEMENT NAME		8. FARM OR LEASE NAME Ojo He He		9. WELL NO. 7R		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, CR, 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:											SUBSEQUENT REPORT OF:										
TEST WATER SHUT-OFF <input type="checkbox"/>					PULL OR ALTER CASING <input type="checkbox"/>					WATER SHUT-OFF <input type="checkbox"/>					REPAIRING WELL <input type="checkbox"/>						
FRACTURE TREAT <input type="checkbox"/>					MULTIPLE COMPLETE <input type="checkbox"/>					FRACTURE TREATMENT <input type="checkbox"/>					ALTERING CASING <input type="checkbox"/>						
SHOOT OR ACIDIZE <input type="checkbox"/>					ABANDON* <input type="checkbox"/>					SHOOTING OR ACIDIZING <input type="checkbox"/>					ABANDONMENT* <input type="checkbox"/>						
REPAIR WELL <input type="checkbox"/>					CHANGE PLANS <input type="checkbox"/>					(Other) <input type="checkbox"/>					(Other) <input type="checkbox"/>						
(Other) <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.) *																					

We plan to move in a swabbing unit and swab test well. This well is capable of producing small amounts of natural gas. Swab testing will dictate whether we frac or plug the subject well.

This work will be done within the next 45 days.

**RECEIVED**  
MAR 18 1986  
OIL CON. DIV.  
DIST. 3

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

SIGNED

*Sherman E. Dugan*  
Sherman E. Dugan

TITLE Geologist

DATE 3/12/86

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

DATE 7/1/86

FARMINGTON RESOURCE AREA

\*See Instructions on Reverse Side

**NMOCC**