		*See Instructions	on Reverse Side	FARMINATION HESQUIRCE AREA	
CONDITIONS OF API	PROVAL, IF ANY:			MAY 0 2 1985	
(This space for Federa	al or State office use)	TITLE		ACCEPTED FOR RECORD	
SIGNED Ji	h fund		Geologist	DATE 5-1-85	
18. I hereby certify that ,t	he foregoint is true -	nd correct			_
				<i>44694.</i> ₩ - 5	yr i
				CONT. 3	***
				1114 00 985	
(total co		159 cf). Circula	nted with 135 sks c ated 1 bbl good ceme	lass "B" plus 2% CaCl ent to surface.	
PM on 4-	30-85. Drille	ed to 212'. Ran	7 jts. of $8-5/8$ " 0	d 12¼" hole at 8:00 D, 24#, 8 Rd, ST&C	
17. DESCRIBE PROPOSED OR proposed work. If nent to this work.) •	COMPLETED OPERATIONS well is directionally di	c (Clearly State all pertiber rilled, give subsurface loca	tions and measured and true ve	rtical depths for all markers and zones per	tľ-
REPAIR WELL (Other)	CHANGE		(Nors: Report rea Completion or Reco	sults of multiple completion on Well completion Report and Log form.)	
FRACTURE TREAT SHOOT OR ACIDIZE	ABANDON		SHOOTING OR ACIDIZING	ABANDONMENT*	
TEST WATER SHUT-OF	·	ALTER CASING	WATER SHUT-OFF	REPAIRING WELL ALTERING CASING	
16. Check Appropriate Box To Indicate Nature of Notice, Report, or C				or Other Data sequent report of:	
		6104' GL		San Juan NM	_
14. PERMIT NO.	15. E	LEVATIONS (BUREAUDOFO) FARMINGTO	LAND MANAGEMENT	Sec. 29, T27N, R13W,	NMPM
1850' FS	SL - 790' FEL	MA	Y 02 1985	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA	
See also space 17 below At surface	v.)		EIVED	Gallegos Gallup Ext.	
P O Box 208,	Farmington, N	M 87499	State requirements.*	3 10. FIELD AND POOL, OR WILDCAT	
DUGAN PRODUCTION CORP. 3. ADDRESS OF OPERATOR				Baby Doe 9. WHILL NO.	_ _
OIL X GAS WELL Z. NAME OF OPERATOR	OTHER			8. FARM OR LEASE NAME	-
1.	Use "APPLICATION I	OR PERMIT— for such p	Poposais.)	7. UNIT AGREEMENT NAME	- -
SUNI	ORY NOTICES	AND REPORTS (ON WELLS back to a different reservoir. roposals.)		
(Formerly 9–331)		LAND MANAGEMEN		NM-33044 6. IF INDIAN, ALLOTTEE OF TRIBE NAME	→
Form 3160-5 (November 1983)		CHUSTATES OF THE INTERIO	1 File SUBMIT IN TRIPLICATION OF	Form approved. Budget Bureau No. 1004-013 Expires August 31, 1985 5. Lease Designation and Serial No.	
				E	