

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

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

5. Lease Designation and Serial No.

14-20-603-2015

6. If Indian, Allottee or Tribe Name

Navajo Tribal

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Pet Inc. 15

9. API Well No.

30-045-22557

10. Field and Pool, or Exploratory Area
Basin-Fruitland Coal/
Ojo ER Sand-PC

11. County or Parish, State

San Juan, NM

SUBMIT IN TRIPLICATE

1. Type of Well

☐ Oil Well ☒ Gas Well ☐ Other P & A

2. Name of Operator

Dugan Production Corp.

3. Address and Telephone No.

P.O. Box 420, Farmington, NM 87499 (505) 325-1821

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

1850' FSL - 1850' FEL
Sec. 36, T28N, R15W, NMPM

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☐ Notice of Intent
☒ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

- ☒ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☐ Other

- ☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ 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.)*

Put 25 cu. ft. Class "B" down 2-7/8" casing and 12 cu. ft. Class "B" down 2-7/8" - 7" annulus. Set dry hole marker. Job complete 10-24-91.

Approved by the Director of the Bureau of Land Management
and the Secretary of the Interior
surface restoration is complete.

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

Signed

John Alexander
John Alexander

Title

Operations Manager

Date

10-29-91

(This space for Federal or State office use)

Approved by

Title

Date

Conditions of approval, if any: