

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

14-20-603-2015

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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.

OIL WELL ☐ GAS WELL ☐ OTHER ☒ Dry Hole

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

1850' FNL 1850' FEL

RECEIVED

MAY 13 1985

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Pet Inc.

9. WELL NO.

19

10. FIELD AND POOL, OR WILDCAT

Ojo Pictured Cliffs

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

Sec. 25 T28N R15W

12. COUNTY OR PARISH 13. STATE

San Juan

NM

14. PERMIT NO.

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

5680 GL

16.

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐

PULL OR ALTER CASING ☐

WATER SHUT-OFF ☐

REPAIRING WELL ☐

FRACTURE TREAT ☐

MULTIPLE COMPLETE ☐

FRACTURE TREATMENT ☐

ALTERING CASING ☐

SHOOT OR ACIDIZE ☐

ABANDON* ☒

SHOOTING OR ACIDIZING ☐

ABANDONMENT* ☐

REPAIR WELL ☐

CHANGE PLANE ☐

(Other) ☐

(Other) ☐

(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.)*

Plan to P & A well as follows:

1. Pull tubing
2. Fill 2 7/8" casing with cement
3. Cut off casing 4' below ground level
4. Restore surface

MAY 13 1985
OIL COAL DIV.
DIST. 9

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

SIGNED

TITLE Geologist

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

DATE

DATE MAY 14 1985

M. MILLENBA

AREA MANAGER

*See Instructions on Reverse Side

NMOCC