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

(This space for Federal or State office use)

Approved by _______\
Conditions of approval, if any:

5 BLM	1 File		
Form 3160-5 (June 1990)	UNITED STA DEPARTMENT OF TH BUREAU OF LAND M	HE INTERIOR	Budget Burean No. 1004-0135 Expires: March 31, 1993 5. Lesse Designation and Serial No. SF-078931-B
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			6. If Indian, Allottee or Tribe Name
SUBMIT IN TRIPLICATE			7. If Unit or CA, Agreement Designation Central Cha Cha Unit CA #8561
1. Type of Well Oil Gas Well Well Other P&A 2. Name of Operator Dugan Production Corp.			8. Well Name and No. Central Cha Cha Unit # 9. AM Well No.
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 Servey Description) 1980' FSL & 692' FWL (NW/4 SW/4) Unit L, Sec. 31, T29N, R13W			10. Field and Pool, or Exploratory Area Cha Cha Gallup 11. County or Parish, State San Juan County, NM
12. CHECK	APPROPRIATE BOX(s) TO IN	IDICATE NATURE OF NOTICE, REI	PORT, OR OTHER DATA
Notice of Subseque	ent Report	Abundonment Recompletion Plugging Back Casing Repair Abering Casing Other Final Clean-up	Change of Plans New Construction Non-Routine Practuring Water Stat-Off Conversion to Injection Dispose Water (Nest: Report results of multiple completion on Well Comparting or Recompletion Report and Log form.)
The mor	nument marker was co	orrected by installing the building was removed and led to disposal. The tail produced water and store	ne legal location nd the trash and nk is still being
	\	(MAY 1 6 1936 BY

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

Tide

Operations Manager

ACCLP 1-4/17/96

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