Form 3160-5 (June 1990)

## UNITED STATES DEPARTMENT OF THE INTERIOR

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

BUREAU OF LAND MANAGEMENT  SUNDRY NOTICES AND REPORTS ON WELLS		5. Lease Designation and Serial No.
		SF 078110
		6. If Indian, Allottee or Tribe Name
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		
SUBMIT	IN TRIPLICATE	7. If Unit or CA, Agreement Designation
1. Type of Well		┪
Oil Gas Uther		8. Well Name and No.
2. Name of Operator		Federal I #3
Dugan Production Corp.		9. API Well No.
3. Address and Telephone No.		30 045 08861
P.O. Box 420, Farmington, NM 87499 (505) 325-1821		10. Field and Pool, or Exploratory Area
4. Location of Well (Footage, Sec., T., R., M., or Survey De	escription)	Basin Dakota 11. County or Parish, State
1030' FNL & 1070' FWL		San Juan, NM
D Sec. 1, T29N, R14W, NMPM		San Gany Ni
12. CHECK APPROPRIATE BOX(	s) TO INDICATE NATURE OF NOTICE, REPO	RT, OR OTHER DATA
TYPE OF SUBMISSION	. TYPE OF ACTION	
Notice of Intent	Abandonment	Change of Plans
_	Recompletion	New Construction
Subsequent Report	Plugging Back	Non-Routine Fracturing
	Casing Repair	Water Shut-Off
Final Abandonment Notice	Altering Casing	Conversion to Injection  Dispose Water
	Other	(Note: Report resulting multiple completion on Well Completion or Recompletion Report and Log form.)
casing test first to repaired, return well	dure approved 10-5-93 to includ isolate casing problems. If control to production. If casing can ith approved plugging operation	asing can be not be
	CAL COMO GIV.	~~ w
14. I hereby certify that the foregoing is true and correct	——————————————————————————————————————	
Signed Osh Ollyand	/ Tide Operations Manager	Detc10/28/93
(This space for Federal or State office use)		
Approved by	Title	APPROVED
		7NOV Q 3 1993
Tide 18 U.S.C. Section 1001, makes it a crime for any person or representations as to any matter within its jurisdiction.	knowingly and willfully to make to any department or agency of the United	Since any false, actitious or fraudulest statement DISTRICT MANAGER