

6 BLM 1 File 1 Duncan
UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	5. LEASE DESIGNATION AND SERIAL NO. 14-20-0603-10010
2. NAME OF OPERATOR RAYMOND T. DUNCAN	6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo <i>Tribe</i>
3. ADDRESS OF OPERATOR P.O. Box 5820, Farmington, NM 87499-5820	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 990' FNL & 990' FEL	8. FARM OR LEASE NAME North Hogback 12
14. PERMIT NO.	9. WELL NO. 2
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5041' GR	10. FIELD AND POOL, OR WILDCAT Slickrock Dakota
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 12, T29N, R17W, NMPM
	12. COUNTY OR PARISH San Juan
	13. STATE NM

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PCCL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) Request Long-Term Shut-in <input checked="" type="checkbox"/>		(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.)*

In response to BLM letter 14-20-0603-10010 (WC) 3162.3-2 (019) concerning the subject well, Dugan Production Corp. is advising your office that it is Raymond Duncan's desire to request long term shut-in because this well is unable to produce in paying quantities under existing market conditions.

RECEIVED
NOV 5 1983
OIL CON. DIV.

THIS APPROVAL EXPIRES NOV 09 1989

18. I hereby certify that the foregoing is true and correct	
SIGNED <i>Jim L. Jacobs</i>	TITLE Agent
(This space for Federal or State office use)	
APPROVED BY _____	TITLE _____
CONDITIONS OF APPROVAL, IF ANY:	

DATE 8-29-88
NOV 09 1983
<i>[Signature]</i>
AREA MANAGER
FARMINGTON RESOURCE AREA