6 BLM 1 File 1 Duncan

Form 3160-5
(November 1983)
(Formerly 9-331)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE* (Other instructions on reverse side)

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.)

5. LEASE DESIGNATION AND SERIAL NO.: 14-20-0603-10010

6. IF INDIAN, ALLOTTEE OR TRIBE NAME: Navajo Tribal

1. OIL WELL [X] GAS WELL [ ] OTHER

7. UNIT AGREEMENT NAME:

2. NAME OF OPERATOR: RAYMOND T. DUNCAN

8. FARM OR LEASE NAME: North Hogback 12

3. ADDRESS OF OPERATOR: P.O. Box 420, Farmington, NM 87499

9. WELL NO.: 10

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface: 500' FNL & 165' FEL

10. FIELD AND POOL, OR WILDCAT: Slickrock Dakota

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: Sec.12,T29N,R17W,NMPM

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.): 4986' GL

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	[ ]	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 PLANS	[ ]				
(Other) Request Long-Term Shut-in			[X]	(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.)*

Request long term shut-in because this well is unable to produce in paying quantities.

RECEIVED
DEC 31 1990
OIL CON. DIV.
DIST. 3

NOV 09 1991

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

SIGNED Jim L. Jacobs TITLE Geologist/Agent DATE 11-9-90

(This space for Federal or State office use)

APPROVED

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

NMOCD

DEC 19 1990

AREA MANAGER

*See Instructions on Reverse Side

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