

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

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

3. Legal Designation and Serial No.
14-20-0603-10008

6. If Indian, Allottee or Tribe Name
Navajo

7. If Unit or CA, Agreement Designation

8. Well Name and No.
North Hogback 6#6

9. API Well No.

10. Field and Pool, or Exploratory Area
Slickrock Dakota

11. County or Parish, State
San Juan, NM

SUBMIT IN TRIPLICATE

1. Type of Well
 Oil Well Gas Well Other P&A

2. Name of Operator
Raymond T. Duncan

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 Survey Description)
1900' FSL - 620' FWL
Sec. 6, T29N, R16W, NMPM

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other <u>cut off casing</u>
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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.)*

Cut of casing at 3' below ground level. Job complete 3-23-94.

RECEIVED
MAY 12 1994
FARMINGTON DISTRICT OFFICE

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

Signed John Alexander Title Agent Date 5/10/94

(This space for Federal or State office use)

Approved by _____ Title _____ Date _____

Conditions of approval, if any:

ACCEPTED FOR RECORD

MAY 12 1994

FARMINGTON DISTRICT OFFICE

DV

*See instruction on Reverse Side

MAY 1994