

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

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

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse 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.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. NM 4465
2. NAME OF OPERATOR DUGAN PRODUCTION CORP.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 420, Farmington, NM 87499		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 790' FSL & 800' FEL		8. FARM OR LEASE NAME Mayre
14. PERMIT NO.		9. WELL NO. 4
15. ELEVATIONS (Show whether DF, ST, GR, etc.) 5542'		10. FIELD AND POOL, OR WILDCAT Harper Hill FR PC
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 27, T. 1 N., R. 1 E., M. 1 N., 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"/>	PULL 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 checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Status <input 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.)*

Dugan Production Corp. was unable to negotiate the purchase of a gathering line for this well.

Plan to test the well to determine if we can justify laying our own line.

RECEIVED
AUG 21 1990
OIL CON. DIV.
DIST. 3

RECEIVED
AUG 21 1990
OIL CON. DIV.
DIST. 3

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

SIGNED

Jim Jacobs
Jim Jacobs
(This space for Federal or State office use)

TITLE Vice President

DATE 7-31-90

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

Ken Townsend

FOR

*See Instructions on Reverse Side