

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 | | 3. LEASE DESIGNATION AND SERIAL NO NM 12086 |
| 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 1000' FNL & 1510' FWL | | 8. FARM OR LEASE NAME Pompay |
| 14. PERMIT NO. | | 9. WELL NO. 1 |
| 15. ELEVATIONS (Show whether DP, RT, CR, etc.) 5630' GL | | 10. FIELD AND POOL, OR WILDCAT Basin Dakota |
| | | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 4, T30N, R14W, 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:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
(Other) Req. Ext. of APD

PCLL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
ABANDON* ☐
CHANGE PLANS ☐

X

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐
FRACTURE TREATMENT ☐
SHOOTING OR ACIDIZING ☐
(Other) ☐

REPAIRING WELL ☐
ALTERING CASING ☐
ABANDONMENT* ☐

(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 a six month extension on approved APD.

RECEIVED

MAR 25 1990

OIL CON. DR.

DIST. 5

AUG 18 1990

THIS APPROVAL EXPIRES

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

SIGNED

Jim L. Jacobs

TITLE

Geologist

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED

DATE

2-8-90

DATE

MAR 15 1990

Ken Townsend

AREA MANAGER

FOR FARMINGTON RESOURCE AREA

*See Instructions on Reverse Side