

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)

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

5. LEASE DESIGNATION AND SERIAL NO.

14-20-603-586

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Navajo

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Horseshoe

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Mesa Gallup

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 31, T32N, R17W, NMPM

12. COUNTY OR PARISH 13. STATE

San Juan

NM

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"/>	14. PERMIT NO.
2. NAME OF OPERATOR DUGAN PRODUCTION CORP.	15. ELEVATIONS (Show whether DF, RT, CR, etc.)
3. ADDRESS OF OPERATOR P.O. Box 420, Farmington, NM 87499	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 800' FNL & 1680' FEL	

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) Perform Casing Integrity Test ☒

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

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 permission for an extension of ninety (90) days in which to perform casing integrity test.

RECEIVED
OCT 17 1990
OIL CON. DIV.
DIST. 2

THIS APPROVAL EXPIRES JAN 09 1991

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

SIGNED

JIM L. JACOBS

TITLE

Geologist

DATE

9-17-90

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

APPROVED

OCT 09 1990
Ken Townsley

FOR AREA MANAGER

*See Instructions on Reverse Side