Form 3160-5 (June 2015)

OCD Received 4/23/2020

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT FORM APPROVED OMB NO. 1004-0137 Expires: January 31, 2018

5. Lease Serial No.

SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill or to re-enter an abandoned well. Use form 3160-3 (APD) for such proposals. SUBMIT IN TRIPLICATE - Other instructions on page 2					NMNM05941 6. If Indian, Allottee or Tribe Name 7. If Unit or CA/Agreement, Name and/or No. 14080015230								
							Type of Well					8. Well Name and No. AZTEC COM 1	
							Name of Operator Contact: KEVIN SMAKA DUGAN PRODUCTION CORPORATION Mail: kevin.smaka@duganproduction.com					9. API Well No. 30-045-06691-00-S1	
3a. Address PO BOX 420 FARMINGTON, NM 87499-04	3b. Phone No. (include area code) Ph: 505-325-1821		10. Field and Pool or Exploratory Area BLANCO MV/ PC										
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)					11. County or Parish,	State							
Sec 8 T27N R9W SENW 1640FNL 1760FWL 36.591751 N Lat, 107.813660 W Lon					SAN JUAN COUNTY, NM								
12. CHECK THE AF	PPROPRIATE BOX(ES)	TO INDICA	TE NATURE O	F NOTICE,	REPORT, OR OTH	IER DATA							
TYPE OF SUBMISSION	TYPE OF ACTION												
Notice of Intent	☐ Acidize	□ Deepen		☐ Production (Start/Resume)		■ Water Shut-Off							
	☐ Alter Casing	☐ Hydraulic Fracturing ☐ Recla		☐ Reclama	ation	■ Well Integrity							
☐ Subsequent Report	☐ Casing Repair	□ Nev	v Construction	Recomplete		☑ Other ShutIn Notice							
☐ Final Abandonment Notice	☐ Change Plans	□ Plug and Abandon		□ Temporarily Abandon		Shutin Notice							
	☐ Convert to Injection	☐ Plug	g Back	☐ Water □	☐ Water Disposal								
Dugan Production Corp reque- follow the direction and guidan guidance that supersedes the	ice issued by IM 2020-00	the event of 6 unless the	a prolonged shut FFO or BLM San	t-in, we will ta Fe issues	s new								
14. I hereby certify that the foregoing is	true and correct. Electronic Submission #5 For DUGAN PRODUC												
C	ommitted to AFMSS for pro												
Name (Printed/Typed) KEVIN SMAKA Title ENC				ER									
Signature (Electronic S	ubmission)		Date 04/14/20	20									
	THIS SPACE FO	R FEDERA	L OR STATE (OFFICE US	SE								
						D 0.1/15/0000							
_Approved By_JOE KILLINS		TitleENGINEER Date 04/15/		Date 04/15/2020									
Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.			Office Farmington										
Title 18 U.S.C. Section 1001 and Title 43 U States any false, fictitious or fraudulent st				willfully to ma	ke to any department or a	agency of the United							