

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENTFORM APPROVED
OMB NO. 1004-0137
Expires: January 31, 2018**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.*5. Lease Serial No.
NMNM93774

6. If Indian, Allottee or Tribe Name

SUBMIT IN TRIPLICATE - Other instructions on page 27. If Unit or CA/Agreement, Name and/or No.
NMNM976748. Well Name and No.
ANGELS GATE 909. API Well No.
30-045-29394-00-S110. Field and Pool or Exploratory Area
BASIN FRUITLAND COAL11. County or Parish, State
SAN JUAN COUNTY, NM1. Type of Well
☐ Oil Well ☒ Gas Well ☐ Other2. Name of Operator
DUGAN PRODUCTION CORPORATION
Contact: ALIPH REENA
Email: aliph.reena@duganproduction.com3a. Address
PO BOX 420
FARMINGTON, NM 87499-04203b. Phone No. (include area code)
Ph: 505.325.1821

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

Sec 21 T24N R8W SWNE 1340FNL 1400FEL
36.303270 N Lat, 107.682420 W Lon**12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA**

TYPE OF SUBMISSION	TYPE OF ACTION			
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Hydraulic Fracturing	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation: Clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleat horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports must be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleat in a new interval, a Form 3160-4 must be filed once testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.

Operator requests to change well name from Angel's Gate #90 to Angel's Gate Com #90. C-102 is attached.

NMOCB

OCT 24 2019

DISTRICT III

Property code remained the same.

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

Electronic Submission #486706 verified by the BLM Well Information System
For DUGAN PRODUCTION CORPORATION, sent to the Farmington
Committed to AFMSS for processing by MELISSA REEVES-WIENTJES on 10/07/2019 (20MRW0014SE)

Name (Printed/Typed) ALIPH REENA

Title ENGINEERING SUPERVISOR

Signature (Electronic Submission)

Date 10/04/2019

THIS SPACE FOR FEDERAL OR STATE OFFICE USEApproved By **ACCEPTED**MELISSA REEVES-WIENTJES
Title LAND LAW EXAMINER

Date 10/07/2019

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.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

(Instructions on page 2)

**** BLM REVISED ** BLM REVISED ** BLM REVISED ** BLM REVISED ** BLM REVISED ****

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District I
1625 N. French Dr., Hobbs, NM 88240
Phone: (575) 393-6161 Fax: (575) 393-0720
District II
811 S. First St., Artesia, NM 88210
Phone: (575) 748-1283 Fax: (575) 748-9720
District III
1000 Rio Brazos Road, Aztec, NM 87410
Phone: (505) 334-6178 Fax: (505) 334-6170
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505
Phone: (505) 476-3460 Fax: (505) 476-3462

State of New Mexico
Energy, Minerals & Natural Resources Department
OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-102
Revised August 1, 2011
Submit one copy to appropriate
District Office

☐ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

¹ API Number 30-045-29394	² Pool Code 71629	³ Pool Name Basin Fruitland Coal
⁴ Property Code 019286 ✓	⁵ Property Name Angel's Gate Com	⁶ Well Number 90
⁷ OGRID No. 006515	⁸ Operator Name Dugan Production Corp.	⁹ Elevation 6850' GL

¹⁰ Surface Location

UL or lot no. G	Section 21	Township 24N	Range 8W	Lot Idn	Feet from the 1340'	North/South line North	Feet from the 1400	East/West line East	County San Juan
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¹¹ Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
¹² Dedicated Acres 320 - E/2	¹³ Joint or Infill	¹⁴ Consolidation Code	¹⁵ Order No.						

No allowable will be assigned to this completion until all interests have been consolidated or a non-standard unit has been approved by the division.

¹⁶ 	¹⁷ OPERATOR CERTIFICATION I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of such a mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division. Signature: <u>Tyra M. Feil</u> Date: <u>10/4/19</u> Tyra M. Feil Printed Name tyrafeil@duganproduction.com E-mail Address	
	¹⁸ SURVEYOR CERTIFICATION I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief. Survey date 12/19/94 Date of Survey Signature and Seal of Professional Surveyor:	
	Surveyed by Edgar L. Risenhoover, Certificate Number 5979 Certificate Number	