

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 ☒ GAS WELL ☐ OTHER ☐	5. LEASE DESIGNATION AND SERIAL NO. NM-42059
2. NAME OF OPERATOR DUGAN PRODUCTION CORP.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 5820, Farmington, NM 87499-5820	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 2150' FSL & 800' FEL	8. FARM OR LEASE NAME Chamo
14. PERMIT NO.	9. WELL NO. 5
15. ELEVATIONS (Show whether OF, RT, GR, etc.) 6530' GL; 6542' RKB	10. FIELD AND POOL, OR WILDCAT South Bisti Gallup
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 5, T23N, R10W, NMPM
	12. COUNTY OR PARISH San Juan
	13. STATE NM

14. 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)

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*

Spud & Surface Casing

(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 and 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.)

M.I. & R.U. Four Corners Drilling Rig #8. Spudded a 12 1/4" hole at 5:45 PM 12-8-88. Drilled to 212' RKB. Ran 6 jts. 8-5/8" OD, 24#, 8 Rd, ST&C casing (T.E. 187.05') set at 200' RKB. Cemented with 135 sx class "B" + 2% CaCl₂ (total cement slurry = 159 cu.ft.). P.O.B. @ 10:00 PM 12-8-88. Circulated 3 bbls cement to surface.

Pressure tested surface casing & BOP for 30 minutes - held OK.

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

SIGNED

Jim L. Jacobs

TITLE

Geologist

DATE

12-12-88

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side