Form 3160-5 (June 1990)

## UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

FÓRM APPROVED

Budget Bureau No. 1004-0135

Expires: March 31,1993

## SUNDRY NOTICES AND REPORTS ON WELLS

NM 56311

5. Lease Designation and Serial No.

| Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.  Use "APPLICATION FOR PERMIT -" for such proposals  SUBMIT IN TRIPLICATE |  | 6. If Indian, Allotted or Tribe Name  |
|--|--|---|
|  |  |   |
| 2. Name of Operator  Dugan Production Corp.  | 100 - 1 (933 -                                     | 8. Well Name and No. Billary #1   |
| Address and Telephone No.     P.O. Box 420 , Farmington, NM 87499  | (505) 325 - 1821                                   | 9. API Well No.<br>30 045 28956   |
| Location of Well (Footage, Sec., T., R., M., or Survey Description) 860' FSL & 900' FWL (Unit M)   | Sect And Billet 1989                               | 10. Field and Pool, or Exploratory Area  Potwin Pictured Cliffs Ext.  |
| SW/4 SW/4, Sec. 31, T25N, R8W  |  | 11. County or Parish, State San Juan, NM  |
| 12. CHECK APPROPRIATE BOX(s) TO IND  TYPE OF SUBMISSION  | DICATE NATURE OF NOTICE, REPORT, OR TYPE OF ACTION | OTHER DATA  |
| Notice of Intent   | Abandonment  | Change of Plans New Construction  |
| Subsequent Report  | Plugging Back Casing Repair                        | Non-Routine Fracturing Water Shut-Off   |
| Final Abandonment Notice   | Altering Casing  Complete Fruitland Coal           | Conversion to Injection  Dispose Water (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)  |
| Complete Fruitland Coal as follow<br>Set CIBP at 1922'. Perforate 191  |  | 50 ST TOETVE<br>50 TO TO TOETVE<br>50 TO TOETVE<br>50 TO TO TOETVE<br>50 TO TOETVE<br>50 TO |
| 14. I hereby certify that the foregoing is true and correct  Signed  John Alexander  | Title Vice-president Date                          | 9/20/99   |
| (This space for Federal or State office use)   |  |   |
| Approved by  Conditions of approval, if any:   | Title Date   | ACCEPTED FOR RECORD   |
| (This space for Federal or State office use)  Approved by  Conditions of approval, if any:   | Title Date   | ACCEPTED FOR RECOI  |

entations as to any matter within its jurisdiction.