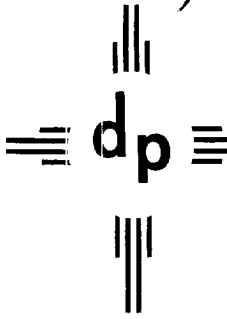


Sc well file



dugan production corp.

September 27, 1996

Frank Chavez
New Mexico Oil Conservation Division
1000 Rio Brazos Road
Aztec, NM 87410

RECEIVED
SEP 30 1996

OIL CON. DIV.
DIST. 3

Re: NMOCD Administrative Order OLM-15
Dugan Production Corp's Latex No. 1
Unit A, Section 9, T-25N, R-10W
San Juan County, NM

Dear Mr. Chavez:

As directed in the subject order, attached for your information and file is a copy of our sundry notice to the BLM reporting first production for the Latex No. 1.

Sincerely,

John D. Roe

John D. Roe
Manager of Engineering

JDR/cg

attach.

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

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

1. LEASE DESIGNATION AND SERIAL NO.
NM86080

2. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Latex #1

9. WELL NO.
30 045 29244

10. FIELD AND POOL, OR WILDCAT
Basin Fruitland Coal

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

Sec. 9, T25N, R10W

12. COUNTY OR PARISH 13. STATE
San Juan NM

1. OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

Dugan Production Corp.

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

990' FNL & 990' FEL (NE/4 NE/4)

14. PERMIT NO.

15. ELEVATIONS (Show whether OF, ST, CR, etc.)

6643' GL (est)

16.

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

Well Placed in Prod. Status ☒

(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 perti-
nent to this work.)*

Well Placed on Production 10:00 A.M. 8-6-96

Type of Production _____ Crude Oil _____ Crude Oil & Casinghead Gas
_____ X _____ Natural Gas _____ Natural Gas & Entrained
Liquid Hydrocarbons

Communitization Agreement Number _____

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SEP 30 1996
OIL CON. DIV.
DIST. 3

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

SIGNED

LeAnn Hanhardt

TITLE Prod. Report Supervisor

DATE 9-25-96

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side