

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE (Other instructions on reverse side)

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

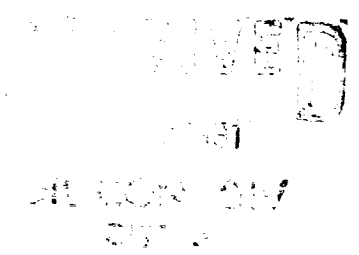
SUNDRY NOTICES AND REPORTS ON WELLS

(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 [X] 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.)
790' FSL 1850' FEL
14. PERMIT NO.
15. ELEVATIONS (Show whether SP, ST, OR, etc.) 5898' GL
16. FIELD AND POOL, OR WILDCAT Gallegos Gallup
17. SEC. 2, T. 26N, R. 12W
18. COUNTY OR PARISH San Juan
19. STATE NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data
NOTICE OF INTENTION TO:
TEST WATER SHUT-OFF []
FRACTURE TREAT []
SHOOT OR ACIDISE []
REPAIR WELL []
(Other) []
PULL OR ALTER CASING []
MULTIPLE COMPLETE []
ABANDON []
CHANGE PLANS []
SUBSEQUENT REPORT OF:
WATER SHUT-OFF []
FRACTURE TREATMENT []
SHOOTING OR ACIDISING []
(Other) Well Returned to Production [X]
REPAIRING WELL []
ALTERING CASING []
ABANDONMENT []
(Notes: 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 pertinent to this work.)
Well Placed on Production 12:15 P.M. July 1, 1990
Type of Production Crude Oil X Crude Oil & Casinghead Gas
Natural Gas Natural Gas & Entrained Liquid Hydrocarbons
Communitization Agreement Number



18. I hereby certify that the foregoing is true and correct
SIGNED [Signature] TITLE Prod. Report Supervisor DATE 9/25/90
APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: