

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENTFORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: March 31, 1993**SUNDRY NOTICES AND REPORTS ON WELLS**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**

## 1. Type of Well

☐ Oil Well
 ☒ Gas Well
 ☐ Other

## 2. Name of Operator

Dugan Production Corp.

## 3. Address and Telephone No.

P.O. Box 420, Farmington, NM 87499 (505) 325-1824

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

1290' FNL &amp; 1290' FEL (NENE)

Unit A, Sec. 23, T26N, R13W, NMPM

## 5. Lease Designation and Serial No.

NM 17781

## 6. If Indian, Allotted or Tribe Name

## 7. If Unit or CA, Agreement Designation

## 8. Well Name and No.

Paul Revere #94

## 9. API Well No.

30 045

## 10. Field and Pool, or Exploratory Area

Basin Fruitland Coal

## 11. County or Parish, State

San Juan, NM

## 12. CHECK APPROPRIATE BOX(s) 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"/> Abandonment                        | <input type="checkbox"/> Change of Plans         |
| <input type="checkbox"/> Subsequent Report           | <input type="checkbox"/> Recompletion                       | <input type="checkbox"/> New Construction        |
| <input type="checkbox"/> Final Abandonment Notice    | <input type="checkbox"/> Plugging Back                      | <input type="checkbox"/> Non-Routine Fracturing  |
|  | <input type="checkbox"/> Casing Repair                      | <input type="checkbox"/> Water Shut-Off          |
|  | <input type="checkbox"/> Altering Casing                    | <input type="checkbox"/> Conversion to Injection |
|  | <input checked="" type="checkbox"/> Other <u>Extend APD</u> | <input type="checkbox"/> Dispose Water           |

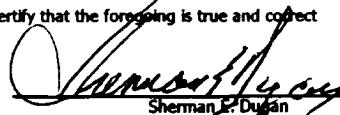
(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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.)\*

Request a 6 month extension of time on approved APD.

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

Signed



Title

Vice-President

Date

3/2/2000

(This space for Federal or State office use)

Approved by

/s/ Charlie Beecham

Title

Team Lead, Petroleum Management

Date

MAR 20 2000

Conditions of approval, if any: