

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 - 1821

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

1755' FSL & 997' FEL (NE/4 SE/4)
Unit I, Sec. 13, T26N, R13W

5. Lease Designation and Serial No.

NOO-C-14-20-7479

6. If Indian, Allotted or Tribe Name

Navajo

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Dome Navajo 13-26-13 #1R

9. API Well No.

30 045 30310

10. Field and Pool, or Exploratory Area

WAW FR Sand PC

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

- ☐ Notice of Intent
☒ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☐ Other Completion
☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ 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.)*

1. Run GR-CCL-CNL
2. Perforate Pictured Cliffs Sand 1092'-1100' w/4 spf (32 shots for 8 ft).
3. Broke down w/250 gallons 15% HCL followed by frac 48,000# 20/40 sand in 35,000 gallons 70 quality foam containing 20# crosslink gel. Job complete 10/09/01.

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

Signed Terry Kochis Title Engineer Date 10/10/2001

(This space for Federal or State office use)

Approved by _____ Title _____ Date _____

Conditions of approval, if any: