

6 BLM 1 File  
UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse 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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	5. LEASE DESIGNATION AND SERIAL NO. 14-20-603-2015
2. NAME OF OPERATOR DUGAN PRODUCTION CORP.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo Tribe
3. ADDRESS OF OPERATOR P.O. Box 5820, Farmington, NM 87499-5820	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface  1850' FSL & 1850' FEL	8. FARM OR LEASE NAME Pet Inc.
14. PERMIT NO.	9. WELL NO. 15
15. ELEVATIONS (Show whether DF, RT, OR, etc.) 5709' GR	10. FIELD AND POOL, OR WILDCAT Basin-Fruitland Coal/ Ojo FR Sand-PC
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 36, T28N, R15W, NMPM
	12. COUNTY OR PARISH San Juan
	13. STATE NM

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	<input type="checkbox"/>	WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	FRACTURE TREATMENT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	(Other) <u>Acreage Dedication</u>	<input checked="" type="checkbox"/>
(Other)	<input type="checkbox"/>	(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 pertinent to this work.)\*

Attached please find a plat (NMOCD form C-102) reflecting 320 acre spacing for the Basin Fruitland Coal. Application for Non-Standard 160 acre proration unit was denied.

The Ojo Fruitland Sand-PC remains 160 acre spacing.

RECEIVED  
JUN 19 1989  
OIL CON. DIV.  
DIST. 3

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

SIGNED <u>Jim L. Jacobs</u>	TITLE <u>Geologist</u>	DATE <u>4-14-89</u>
(This space for Federal or State office use)		
APPROVED BY _____	TITLE _____	
CONDITIONS OF APPROVAL, IF ANY:		

NMOCC

\*See Instructions on Reverse Side

ACCEPTED FOR RECORD

JUN 16 1989

FARMINGTON RESOURCE AREA

BY 164

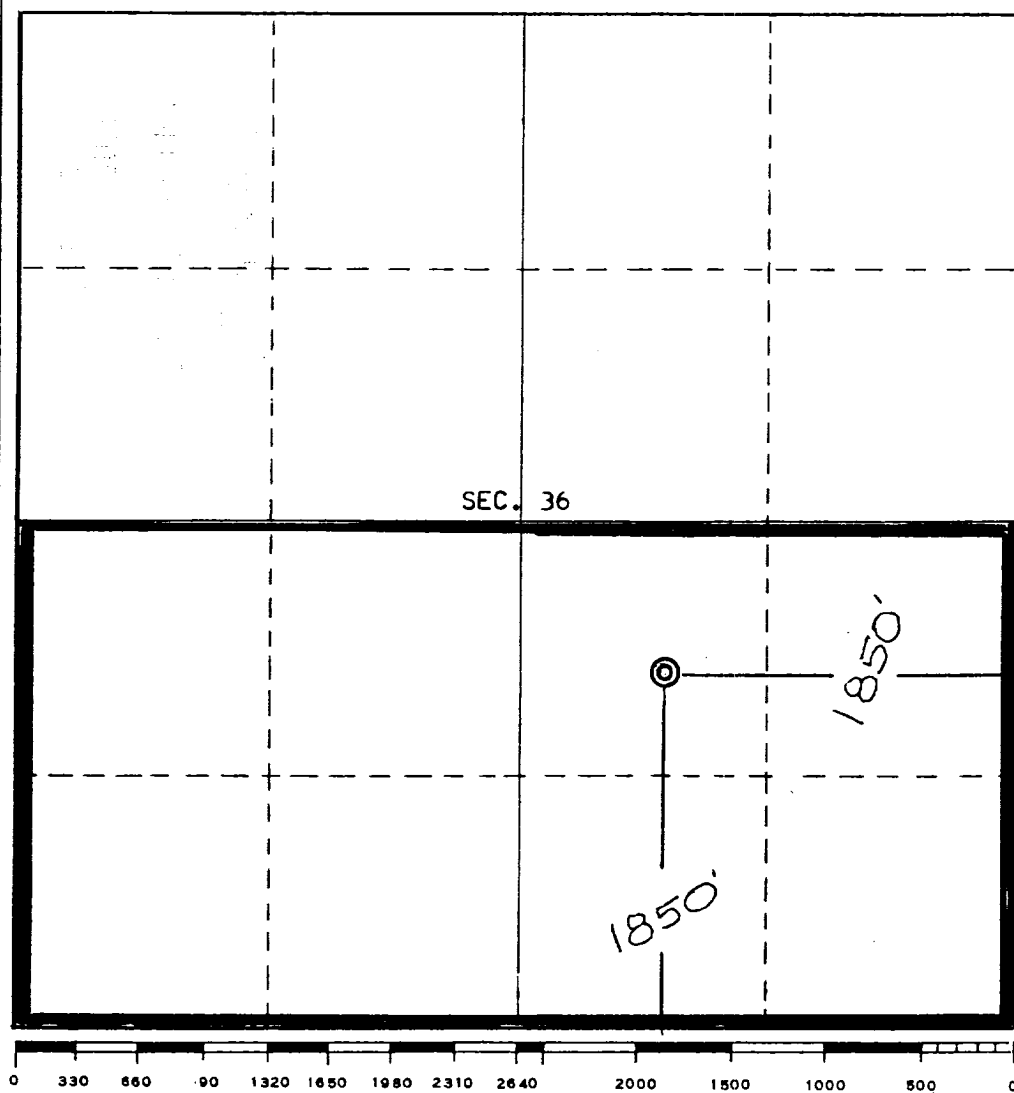
MEXICO OIL CONSERVATION COMMISS  
WELL LOCATION AND ACREAGE DEDICATION PLAT

Form C-102  
Supersedes C-128  
Effective 1-1-65

All distances must be from the outer boundaries of the Section.

Operator <b>Dugan Production Corporation</b>			Lease <b>Pet Inc</b>		Well No. <b>15</b>
Unit Letter <b>J</b>	Section <b>36</b>	Township <b>28 North</b>	Range <b>15 West</b>	County <b>San Juan</b>	
Actual Footage Location of Well: <b>1850</b> feet from the <b>South</b> line and <b>1850</b> feet from the <b>East</b> line					
Ground Level Elev. <b>5709</b>	Producing Formation <b>Fruitland Coal</b>	Pool <b>Basin Fruitland Coal</b>	Dedicated Acreage: <b>320</b> Acres		

- Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.
- If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
- If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?  
  
☐ Yes    ☐ No    If answer is "yes," type of consolidation \_\_\_\_\_  
  
 If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) \_\_\_\_\_  
  
 No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commission.



CERTIFICATION	
I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.	
<i>Jim L. Jacobs</i>	
Name	<b>Jim L. Jacobs</b>
Position	<b>Geologist</b>
Company	<b>Dugan Production Corp.</b>
Date	<b>4-14-89</b>
Date Surveyed	<b>April 19, 1977</b>
Registered Professional Engineer and/or Land Surveyor	
<i>E. V. Echohawk</i>	
Certificate No.	<b>3602</b>
<b>E.V. Echohawk LS</b>	