

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO. 30-045-23267
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. LG-3736
7. Lease Name or Unit Agreement Name Com
8. Well No. 3
9. Pool name or Wildcat Harper Hill FR Sand PC

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" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER
2. Name of Operator Dugan Production Corp.
3. Address of Operator P.O. Box 420, Farmington, NM 87499

4. Well Location Unit Letter <u>J</u> : <u>1850</u> Feet From The <u>South</u> Line and <u>1450</u> Feet From The <u>East</u> Line Section <u>2</u> Township <u>29N</u> Range <u>14W</u> NMPM San Juan County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
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11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: Return to Production <input checked="" type="checkbox"/>

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Well returned to production on 11/01/1999.



xc: BLM NOTE: CA#SRM1419

I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNATURE <u>LeAnna Hanhardt</u>	TITLE <u>Production Acctg. Supervisor</u> DATE <u>02/29/2000</u>
TYPE OR PRINT NAME <u>LeAnna Hanhardt</u>	TELEPHONE NO. <u>505-325-1821</u>

(This space for State Use)	DEPUTY OIL & GAS INSPECTOR, DIST. #3
ORIGINAL SIGNED BY <u>CHARLIE T. PERRIN</u>	MAR -1 2000
APPROVED BY _____	TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:	