

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

SUBMIT IN TRIPLICATE (Other instructions on reverse side)

Form approved Budget Bureau No. 4004-0135 Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM 4465

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Mayre

9. WELL NO.

4

10. FIELD AND POOL, OR WILDCAT

Harper Hill ER PC

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 27, T 30N, R 14W, NMPM

12. COUNTY OR PARISH

San Juan

13. STATE

NM

1. OIL WELL [] GAS WELL [X] 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. See also space 17 below.) At surface 790' FSL & 800' FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, CR, etc.)

5542'

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:

TEST WATER SHUT-OFF [] FRACTURE TREAT [] SHOOT OR ACIDIZE [] REPAIR WELL (Other) [] PULL OR ALTER CASING [] MULTIPLE COMPLETE [] ABANDON* [] CHANGE PLANS [] Condition Well for Production [X]

SUBSEQUENT REPORT OF:

WATER SHUT-OFF [] FRACTURE TREATMENT [] SHOOTING OR ACIDIZING [] (Other) [] REPAIRING WELL [] ALTERING CASING [] ABANDONMENT* [] (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.)

We are still negotiating with Celsius Energy for the purchase of a gathering line for this well. We request a 90 day extension of time in order to come to a settlement with Celsius, so that we can condition this well for production.

RECEIVED

OIL COAL DIV.

THIS APPROVAL EXPIRES

MAR 01 1990

RECEIVED 89 OCT 27 AM 10:43

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

SIGNED [Signature] Jim L. Jacobs

TITLE Geologist

DATE 10-26-89

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side