

OIL CONSERVATION DIVISION
PO Box 2088
Santa Fe, NM 87504-2088

☐ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

1 Operator name and Address Dugan Production Corp. P.O. Box 420 Farmington, NM 87499		2 OGRID Number 006515
		3 Reason for Filing Code Change of Pool Name (per OCD request)
4 API Number 30 - 045-25561	5 Pool Name Choke Cherry Fruitland Sand	6 Pool Code 96327
7 Property Code 003834	8 Property Name Seven of Diamonds	9 Well Number 2

II. ¹⁰ Surface Location

UI or lot no.	Section	Township	Range	Lot, Ida	Feet from the	North/South Line	Feet from the	East/West line	County
I	2	30N	13W		1850	South	790	East	San Juan

11 Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot Ida	Feet from the	North/South line	Feet from the	East/West line	County
" Loc Code S	" Producing Method Code F				" Gas Connection Date	" C-129 Permit Number	" C-129 Effective Date	" C-129 Expiration Date	

III. Oil and Gas Transporters

" Transporter OGRID	" Transporter Name and Address	" POD	" O/G	" POD ULSTR Location and Description
007057	El Paso Natural Gas Co. P.O. Box 4990 Farmington, NM 87499	0869330	G	

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OIL CON. DIV.
DIST. 3

IV. Produced Water

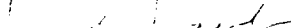

38 POD	39 POD ULSTR Location and Description

V. Well Completion Data

" Spud Date		" Ready Date		" TD		" PBTD		" Perforations	
" Hole Size		" Casing & Tubing Size		" Depth Set		" Sacks Cement			

VI. Well Test Data

" Date New Oil	" Gas Delivery Date	" Test Date	" Test Length	" Tbg. Pressure	" Csg. Pressure
" Choke Size	" Oil	" Water	" Gas	" AOF	" Test Method

<p>* I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.</p> <p>Signature: </p>		<p>OIL CONSERVATION DIVISION</p>	
<p>Printed name: Jim L. Jacobs</p>		<p>Approved by: </p>	
<p>Title: Vice-President</p>		<p>Title: SUPERVISOR DISTRICT #3</p>	
<p>Date: 12/13/94</p>		<p>Approval Date: DEC. 14 1994</p>	
<p>Phone: 325-1821</p>			

* If this is a change of operator fill in the OGRID number and name of the previous operator

Previous Operator Signature	Printed Name	Title	Date
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