

dugan production corp.

April 5, 2006

Mr. Mark Fesmire
New Mexico Oil Conservation Division
1220 South St. Francis Drive
Santa Fe, NM 87505

Re: Supplemental Information
Application for Non-Standard Location – dated 3-24-06
Dugan Production Corp.'s Salge Federal A No. 5
Unit L, Section 33, T-26N, R-13W
Basin Fruitland Coal Gas Pool (Pool No. 71629)
San Juan County, New Mexico

2006 APR 7 PM 1 05

Dear Mr. Fesmire,

Attached for your consideration of the captioned application are copies of the certified mail return receipts reflecting that all potentially affected interest ownership did receive notice of our application. To date we have had no questions or comments from any of the parties regarding our application.

Should you have questions or need additional information, please let me know.

Sincerely,

John D. Roe

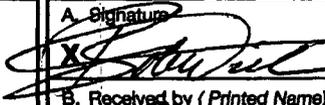
John D. Roe
Engineering Manager

JDR/tmf

attachment

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|--|--|--|---------------------|
| SENDER: COMPLETE THIS SECTION | | COMPLETE THIS SECTION ON DELIVERY | |
| <ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. | | Eleonor Tippeconnie, BLM <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee | |
| Article Addressed to: Bureau of Land Management 1235 La Plata Highway Farmington, NM 87401 | | B. Received by (Printed Name) | C. Date of Delivery |
| | | D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No | |
| | | 3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. | |
| | | 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes | |
| Article Number (Transfer from service label) | | 7005 1820 0001 6168 8915 | |
| S Form 3811, February 2004 | | Domestic Return Receipt | |
| | | 102595-02-M-1540 | |

NSC for
 Selgo Fed #
 No. 5

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| SENDER: COMPLETE THIS SECTION | | COMPLETE THIS SECTION ON DELIVERY | |
| <ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. | | A. Signature  <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee | |
| Article Addressed to: Burlington Resources P.O. Box 4289 Farmington, NM 87499 | | B. Received by (Printed Name) Robert Williams | C. Date of Delivery 3-27-06 |
| | | D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No | |
| | | 3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. | |
| | | 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes | |
| Article Number (Transfer from service label) | | 7005 1820 0001 6168 8892 | |
| S Form 3811, February 2004 | | Domestic Return Receipt | |
| | | 102595-02-M-1540 | |

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|--|--|--|---------------------|
| SENDER: COMPLETE THIS SECTION | | COMPLETE THIS SECTION ON DELIVERY | |
| <ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. | | A. Signature <input checked="" type="checkbox"/> Cathy Colby <input type="checkbox"/> Agent <input type="checkbox"/> Addressee | |
| Article Addressed to: Elm Ridge Exploration Attn: Cathy Colby 1974 Corona St. Denver, CO 80210 | | B. Received by (Printed Name) | C. Date of Delivery |
| | | D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No | |
| | | 3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. | |
| | | 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes | |
| Article Number (Transfer from service label) | | 7005 1820 0001 6168 8908 | |
| S Form 3811, February 2004 | | Domestic Return Receipt | |
| | | 102595-02-M-1540 | |

