

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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FORM APPROVED
Budget Bureau No 1004-0135
Expires. March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT -" for such proposals

SUBMIT IN TRIPLICATE

1 Type of Well <input type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other COAL BED METHANE	5 Lease Designation and Serial No NM 109393
2 Name of Operator Dugan Production Corp.	6 If Indian, Allotted or Tribe Name
3 Address and Telephone No. P.O. Box 420, Farmington, NM 87499 (505) 325 - 1821	7 If Unit or CA, Agreement Designation Pending
Location of Well (Footage, Sec, T, R, M, or Survey Description) 990' FNL, 800' FWL D, Sec. 21, T 22N, R 7W, SJNM	8 Well Name and No Basie Com 1
	9 API Well No 30 043 21112
	10 Field and Pool, or Exploratory Area Basin Fruitland Coal
	11 County or Parish, State San Juan, NM

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	
TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other Production Start Up
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Dispose Water
	(Note Report results of multiple completion on Well Completion or Recompletion Report and Log form)

13 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)*

Well placed in production on 11/01/2011 @ 12:30pm

Tubing Pressure: 0
Casing Pressure: 250
Initial MCF: 76
Sales Meter #: 3049
Gas Transporter: Enterprise



14 I hereby certify that the foregoing is true and correct

Signed Staci E. Brooks Title Prod Acct Supervisor Date 11/02/2011

(This space for Federal or State office use)

Approved by _____ Title _____ Date _____

Conditions of approval, if any

ACCEPTED FOR RECORD
NOV 07 2011
FARMINGTON FIELD OFFICE