

Form 3160-5 (June 1990)

**UNITED STATES** DEPARTMENT OF THE INTERIOR **BUREAU OF LAND MANAGEMENT** 

JAN 23 2012

FORM APPROVED Budget Bureau No 1004-0135

Expires March 31,1993

## 5 Lease Designation and Senal No NM 6680

## Farmington Field Office SUNDRY NOTICES AND REPORTS (@M.WHERE! Management

| Do not use this form for proposals to drill or to deepen or reentry to a different reservoir<br>Use "APPLICATION FOR PERMIT -" for such proposals                                                                                                                                | 6 If Indian, Allotted or Tribe Name                                                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|
| SUBMIT IN TRIPLICATE                                                                                                                                                                                                                                                             | =                                                                                                    |
| 1 Type of Well Gas                                                                                                                                                                                                                                                               | 7 If Unit or CA, Agreement Designation                                                               |
| Well Well Other COAL BED METHANE                                                                                                                                                                                                                                                 | Pending                                                                                              |
| 2 Name of Operator                                                                                                                                                                                                                                                               | 8 Well Name and No                                                                                   |
| Dugan Production Corp.                                                                                                                                                                                                                                                           | Lombardo Com 1                                                                                       |
| 3 Address and Telephone No<br>P.O. Box 420 , Farmington, NM 87499 (505) 325 - 1821                                                                                                                                                                                               | 9 API Well No<br>30 043 21107                                                                        |
| Location of Well (Footage, Sec , T , R , M , or Survey Description)                                                                                                                                                                                                              | 10 Field and Pool, or Exploratory Area                                                               |
| 850' FSL; 990' FWL                                                                                                                                                                                                                                                               | Basin Fruitland Coal                                                                                 |
| M, Sec. 29, T 22N, R 7W                                                                                                                                                                                                                                                          | 11 County or Pansh, State                                                                            |
|                                                                                                                                                                                                                                                                                  | Sandoval, New Mexico                                                                                 |
| 12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR  TYPE OF SUBMISSION TYPE OF ACTION                                                                                                                                                                         | OTHER DATA                                                                                           |
| Notice of Intent Abandonment                                                                                                                                                                                                                                                     | Change of Plans                                                                                      |
| Recompletion  Subsequent Report  Plugging Back                                                                                                                                                                                                                                   | New Construction  Non-Routine Fracturing                                                             |
| Casing Repair                                                                                                                                                                                                                                                                    | Water Shut-Off                                                                                       |
| Final Abandonment Notice Altering Casing                                                                                                                                                                                                                                         | Conversion to Injection                                                                              |
| C Other Production Start Up                                                                                                                                                                                                                                                      | 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 page 50 give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work)* |                                                                                                      |
| Well placed in production on 01/19/2012 @ 2:00pm                                                                                                                                                                                                                                 | RCVD FEB 3 '12                                                                                       |
|                                                                                                                                                                                                                                                                                  | OIL CONS. DIV.                                                                                       |
| Tubing Pressure: 80                                                                                                                                                                                                                                                              | DIST.3                                                                                               |
| Casing Pressure: 206                                                                                                                                                                                                                                                             |                                                                                                      |
| Initial MCF: 26                                                                                                                                                                                                                                                                  |                                                                                                      |
| Sales Meter #: 3049                                                                                                                                                                                                                                                              |                                                                                                      |
| Gas Transporter: Enterprise                                                                                                                                                                                                                                                      |                                                                                                      |
|                                                                                                                                                                                                                                                                                  |                                                                                                      |
| 14 I hereby certify that the foregoing is true and correct                                                                                                                                                                                                                       |                                                                                                      |
| Signed Acct Supervisor Date                                                                                                                                                                                                                                                      | 01/20/2012                                                                                           |
| (This space for Federal or State office use)                                                                                                                                                                                                                                     | ACCEPTED FOR RECORD                                                                                  |
| Approved by Title Date                                                                                                                                                                                                                                                           | JAN 2 6 2012                                                                                         |
| Conditions of approval, if any                                                                                                                                                                                                                                                   | FARMING OFFICE BY                                                                                    |
|                                                                                                                                                                                                                                                                                  | 6.44                                                                                                 |

