

RECEIVED

Form 3160-5
(June 1990)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OCT 30 2012

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

Farmington Field Office

SUNDRY NOTICES AND REPORTS ON WELLS of Land Management

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 NOG09121763
2 Name of Operator Dugan Production Corp.		6 If Indian, Allotted or Tribe Name EASTERN NAVAJO
3 Address and Telephone No P.O. Box 420, Farmington, NM 87499 (505) 325 - 1821		7 If Unit or CA, Agreement Designation NM112661
Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 19 T22N R8W NESE 1765FSL 1020FEL		8 Well Name and No LENNON COM 2
		9 API Well No 30-045-35148
		10 Field and Pool, or Exploratory Area BASIN FRUITLAND COAL
		11. County or Parish, State SAN JUAN COUNTY, 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 type="checkbox"/> Change of Plans
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> Other <u>Production Start Up</u>	<input type="checkbox"/> Dispose Water
<small>(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)</small>		

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 10/23/2012 @ 12:20pm

Tubing Pressure: 28

Casing Pressure: 78

Initial MCF. 16

Sales Meter # 3049

Gas Transporter: Enterprise

RCVD NOV 2 '12
OIL CONS. DIV.
DIST. 3

14 I hereby certify that the foregoing is true and correct

Signed Staci E. Brooks Title Prod Acct Supervisor Date 10/29/2012

(This space for Federal or State office use)

Approved by _____ Title _____ Date _____

Conditions of approval, if any _____

ACCEPTED FOR RECORD

Title 18 U.S.C. Section 1001 makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction

*See Instruction on Reverse Side

NMOC
Ca

FARMINGTON
BY CM