

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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**

RECEIVED

070 FARMINGTON NM

|                                                                                                                                                          |                                                                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| 1. Type of Well<br><input type="checkbox"/> Oil Well<br><input checked="" type="checkbox"/> Gas Well<br><input type="checkbox"/> Other                   | 5. Lease Designation and Serial No.<br><b>JIC-37B</b>           |
| 2. Name of Operator<br><b>Dugan Production Corp.</b>                                                                                                     | 6. If Indian, Allotted or Tribe Name<br><b>Jicarilla Apache</b> |
| 3. Address and Telephone No.<br><b>P.O. Box 420, Farmington, NM 87499 (505) 325 - 1821</b>                                                               | 7. If Unit or CA, Agreement Designation                         |
| Location of Well (Footage, Sec., T., R., M., or Survey Description)<br><b>1610' FNL &amp; 1120' FWL (SW/4 NW/4)<br/>Unit E, Sec. 14, T24N, R5W, NMPM</b> | 8. Well Name and No.<br><b>A New Dawn #2</b>                    |
|                                                                                                                                                          | 9. API Well No.<br><b>30 039 22283</b>                          |
|                                                                                                                                                          | 10. Field and Pool, or Exploratory Area<br><b>Basin Dakota</b>  |
|                                                                                                                                                          | 11. County or Parish, State<br><b>Rio Arriba</b>                |

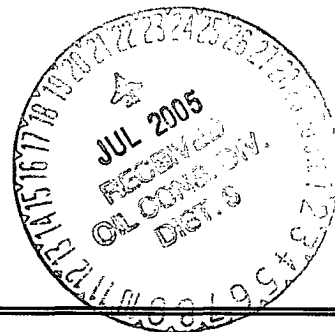
**12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA**

| TYPE OF SUBMISSION                                   | TYPE OF ACTION                                                        |                                                  |
|------------------------------------------------------|-----------------------------------------------------------------------|--------------------------------------------------|
| <input checked="" type="checkbox"/> Notice of Intent | <input type="checkbox"/> Abandonment                                  | <input type="checkbox"/> Change of Plans         |
| <input 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>Return to production</u> | <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.)

We have attempted to clean fill from this well with no success. We are evaluating the possibility of completing the Pictured Cliffs in this well. We ask that we be given 90 days to complete the evaluation and either proceed with the completion or plug the well.



14. I hereby certify that the foregoing is true and correct

|                                              |                       |       |                       |      |                    |
|----------------------------------------------|-----------------------|-------|-----------------------|------|--------------------|
| Signed                                       | <u>John Alexander</u> | Title | <u>Vice-President</u> | Date | <u>07/06/2005</u>  |
| (This space for Federal or State office use) |                       |       |                       |      |                    |
| Original Signed:                             | <u>Stephen Mason</u>  | Title |                       | Date | <u>JUL 19 2005</u> |
| Approved by                                  |                       | Title |                       | Date |                    |
| Conditions of approval, if any:              |                       |       |                       |      |                    |