

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

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

Dugan Production Corp.

3. Address and Telephone No.

P.O. Box 420, Farmington, NM 87499 (505) 325-1821

Location of Well (Footage, Sec., T., R., M., or Survey Description)

650' FNL & 950' FWL (NW/4 NW/4)
Unit D, Sec. 3, T30N, R14W, NMPM

5. Lease Designation and Serial No.

NM-113973

6. If Indian, Allotted or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

High Finance #1

9. API Well No.

30 045 33172

10. Field and Pool, or Exploratory Area

Greek Gallup

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

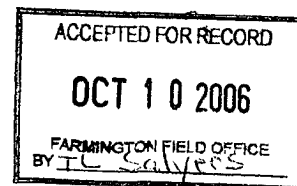
TYPE OF ACTION

- | | | |
|-------------------------------------------------------|-----------------------------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Notice of Intent | <input type="checkbox"/> Abandonment | <input checked="" type="checkbox"/> 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>Spud, surface casing</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.)

Spud 12 1/4" hole on 9/8/06. Drill to 240' on 9/9/06. Run 9-5/8" 36# J-55 csg. Land @ 227', float collar @ 184'. Cement w/175 sx Type 5 cement w/3% CaCl2 w/1/4# celloflake/sx (206 cu ft total). Displace w/15 bbls water. Circ 10 bbls cement. NU BOPE, test to 1000#, held.



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

Signed John Alexander Title Vice-President Date 10/4/2006

(This space for Federal or State office use)

Approved by _____ Title _____ Date _____

Conditions of approval, if any: