5 BLM 1 File

or representations as to any matter within its jurisdiction

Form 3160-5 (June 1990)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

RECEVED

DEC 3,1 2007

FORM APPROVED

Budget Bureau No 1004-0135

Expires: March 31,1993

SUNDRY NOTICES AND REPORTS ON WELLS

bureau of Land Managemen 5 Lease Designation and Serial No FLLS NOO-C-1420-7313

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		RCVD FEB 8 '08
SUBMIT IN TRIPLICATE		Navajo Allotted
1. Type of Well	F1	7 If Unit or CA, Agreement Designation
Oil Gas Well Well	Other	OIL CONS. DIV.
2. Name of Operator		8. Well Name and No DIST. 3
Dugan Production Corp.		St. Louis #12
3. Address and Telephone No. P.O. Box 420,Farmington, NM 87499 (505) 325 - 1821		9. API Well No. 30 045 26631
Location of Well (Footage, Sec., T., R., M., or Survey Description)		10. Field and Pool, or Exploratory Area
220/ ENIL 9 2240/ EVAII		Countly Disti Calling
330' FNL & 2310' FWL Sec. 9, T23N, R10W, NMPM		South Bisti Gallup 11. County or Parish, State
		San Juan, NM
12. CHECK APPROPRIATE BOX(s) TO IND	CATE NATURE OF NOTICE, REPORT, OF	
TYPE OF SUBMISSION TYPE OF ACTION		
Notice of Intent		Change of Plans
		New Construction
Subsequent Report	Plugging Back	Non-Routine Fracturing
Final Abandanment Notice	Casing Repair	Water Shut-Off Conversion to Injection
Final Abandonment Notice	☐ Altering Casing ☑ Other Suspension of operations	Conversion to Injection Dispose Water
	Cuspension of operations	(Note Report results of multiple completion on Well
13 Describe Proposed or Completed Operations (Clearly state all pertinen	t details, and give pertinent dates, including estimated date of starting an	Completion or Recompletion Report and Log form) by proposed work. If well is directionally drilled,
This well has parted rods. A rig is on location but the well will not have production for the month of December. Production should resume in January. Dugan Production Corp. requests a suspension of operations. DEC 27 2000 FEDERAL INDIAN MEDICAL		
14 I hereby certify that the foregoing is true and correct Signed Marty Foutz	Title Production Foreman Date	12/27/2007
This space for Federal or State office use)		
Approved by Junisolas Title Petr. Eng. Date 2/7/08 Conditions of approval, if any		

fitle 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 talse, fictitious or fraudulent statements