

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

RECEIVED

NOV 03 2009

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

SUNDRY NOTICES AND REPORTS ON WELLS 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<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>NM-94067                  |
| 2 Name of Operator<br>Dugan Production Corp.  | 6 If Indian, Allotted or Tribe Name                            |
| 3 Address and Telephone No<br>P.O Box 420, Farmington, NM 87499 (505) 325 - 1821  | 7 If Unit or CA, Agreement Designation                         |
| Location of Well (Footage, Sec., T., R., M., or Survey Description)<br>1320' FSL & 790' FEL (SE/4 SE/4)<br>Unit P, Sec. 26, T22N, R8W, NMPM | 8 Well Name and No<br>Ellington Com #90S                       |
|   | 9 API Well No<br>30 045 33870                                  |
|   | 10 Field and Pool, or Exploratory Area<br>Basin Fruitland Coal |
|   | 11 County or Parish, State<br>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 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           |

(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.)

Well placed in production on 10/30/09 @ 2:30pm

Tubing Pressure: 45

Casing Pressure: 58

Initial mcf: 0

Sales Meter #: 3049

Gas Transporter.: Enterprise

RCVD NOV 9 '09  
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 11/2/2009  
Staci E. Brooks

(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 Instructions on Reverse Side

NMOCU

FARMINGTON FIELD OFFICE  
BY CM