Form 3160-5 (August 2007)

## UNITED STATES DEPARTMENT OF THE INTERIOR

FORM APPROVED OMB NO 1004-0135

| BUREAU OF LAND MANAGEMENT                                                                                                                                   |                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                       |                                                           | Expires: July 31, 2010          |                        |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-----------------------------------------------------------|---------------------------------|------------------------|--|
| SUNDRY NOTICES AND REPORTS ON WELLS  Do not use this form for proposals to drill or to re-enter an abandoned well. Use form 3160-3 (APD) for such proposals |                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                       |                                                           | 5. Lease Serial No<br>NMNM36952 |                        |  |
|                                                                                                                                                             |                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                       |                                                           | 6. If Indian, Allottee of       | or Tribe Name          |  |
| SUBMIT IN TRI                                                                                                                                               | PLICATE - Other instruc                                                              | tions on rev                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | erse side:C 1 (                                       | 2009                                                      | 7 If Unit or CA/Agree           | ement, Name and/or No. |  |
| . Type of Well Gas Well Oth                                                                                                                                 | E B                                                                                  | Bureau of Land Managemer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                       |                                                           |                                 |                        |  |
| Name of Operator DUGAN PRODUCTION COR                                                                                                                       | JOHN C ALE<br>ander@duganp                                                           | CALEXANDER STATE OF THE CONTROL OF T |                                                       | 9 API Well No<br>30-045-34516-00-X1                       |                                 |                        |  |
| a. Address  FARMINGTON, NM 87499                                                                                                                            | 3b Phone No. (include area code) Ph: 505-325-1821                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                       | 10 Field and Pool, or Exploratory<br>BASIN FRUITLAND COAL |                                 |                        |  |
| . Location of Well (Footage, Sec., 7                                                                                                                        | ,                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                       | 11. County or Parish, and State                           |                                 |                        |  |
| Sec 1 T23N R11W NWNE 120                                                                                                                                    |                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                       | SAN JUAN COUNTY, NM                                       |                                 |                        |  |
| 12. CHECK APPI                                                                                                                                              | ROPRIATE BOX(ES) TO                                                                  | ) INDICATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | NATURE OF N                                           | NOTICE, RE                                                | PORT, OR OTHER                  | R DATA                 |  |
| TYPE OF SUBMISSION                                                                                                                                          | TYPE OF ACTION                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                       |                                                           |                                 |                        |  |
| N.4:                                                                                                                                                        | Acidize                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | pen                                                   | Production (Start/Resume)                                 |                                 | Water Shut-Off         |  |
| □ Notice of Intent                                                                                                                                          | ☐ Alter Casing                                                                       | Fracture Treat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                       | Reclamation                                               |                                 | ☐ Well Integrity       |  |
| ■ Subsequent Report                                                                                                                                         | Casing Repair                                                                        | □ New                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | New Construction Re                                   |                                                           | lete                            | Other                  |  |
| ☐ Final Abandonment Notice                                                                                                                                  | Change Plans                                                                         | Plug                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Plug and Abandon Temporarily Abandon                  |                                                           | irily Abandon                   | Drilling Operations    |  |
| _                                                                                                                                                           | Convert to Injection                                                                 | D Plug                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Back                                                  | ☐ Water Disposal                                          |                                 |                        |  |
| Pressure test casing to 3000 pruitland Coal from 902'-928' gals fluid (12/3/09). Ran 2-3/8                                                                  | osi for 30 mins, held. Rur                                                           | n GR-CNL-CC<br>es). Fraç w/99<br>09. Land @ 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | L logs. Perforat<br>0,000# 20/40 sa<br>002', SN @ 965 | e (10/13/09)<br>nd; 70,800<br>5'.                         |                                 |                        |  |
|                                                                                                                                                             |                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | RCVD DEC 22 '09                                       |                                                           |                                 |                        |  |
|                                                                                                                                                             |                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                       |                                                           | DIC                             | NS. DIV.<br>IT. 3      |  |
| The last F                                                                                                                                                  |                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                       |                                                           |                                 |                        |  |
| 4 Thereby certify that the foregoing is  Cor                                                                                                                | strue and correct. Electronic Submission # For DUGAN PRODU mmitted to AFMSS for proc | CTION CORP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | RATION, sent to                                       | the Farming                                               | ton                             |                        |  |
| Name (Printed/Typed) JOHN C A                                                                                                                               | Title VICE-P                                                                         | RESIDENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                       |                                                           |                                 |                        |  |
| Signature (Electronic S                                                                                                                                     | Submission)                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Date 12/15/2                                          | 009                                                       |                                 |                        |  |
|                                                                                                                                                             | THIS SPACE FO                                                                        | OR FEDERA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | L OR STATE                                            | OFFICE US                                                 | SE                              |                        |  |
| Approved By ACCEPT                                                                                                                                          |                                                                                      | TROY SALYERS Title PETROLEUM ENGINEER Da                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                       |                                                           | Date 12/15/20                   |                        |  |
| nditions of approval, if any, are attache<br>tify that the applicant holds legal or eq<br>ich would entitle the applicant to condi                          | utable title to those rights in the                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Office Farming                                        | ıton                                                      |                                 |                        |  |

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make 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

Office Farmington