

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

WELL API NO.

30-045-27712

5. Indicate Type of Lease

STATE ☒FEE ☐

6. State Oil & Gas Lease No.

LG-8804

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

7. Lease Name or Unit Agreement Name

Muppet

1. Type of Well:

OIL
WELL ☒GAS
WELL ☐

OTHER

2. Name of Operator

DUGAN PRODUCTION CORP.

8. Well No.

1

3. Address of Operator

P.O. Box 420, Farmington, NM 87499

9. Pool name or Wildcat

Basin Fruitland Coal

4. Well Location

Unit Letter N : 790 Feet From The South Line and 1520 Feet From The West LineSection 2 Township 24N Range 11W NMPM San Juan County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

6678' GL

11.

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐TEMPORARILY ABANDON ☐ CHANGE PLANS ☐PULL OR ALTER CASING ☐OTHER: OIL CON. DIV. ☐REMEDIAL WORK ☐ ALTERING CASING ☐COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐CASING TEST AND CEMENT JOB ☐OTHER: Spud & Surface Casing ☒

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Moved in and rigged up Wayne Smith Drilling Company rig. Spudded a 9-1/2" hole at 12:00 noon 4-30-90. Drilled to 140'. Ran 4 jts. 7" OD, 20#, 8 Rd., "B" condition casing (T.E. 128.50') set @ 130' GL. Cemented with 50 sx class "B" neat cement (total cement slurry = 59 cu.ft.). Circulated 3 bbls cement to surface. P.O.B. @ 5:00 P.M. 4-30-90. W.O.C.

Tested BOP and surface casing 600 psi for 30 minutes - held OK.
(Note: tested both blind rams and pipe rams).

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Jim L. Jacobs TITLE GeologistDATE MAY 03 1990OR PRINT NAME Jim L. Jacobs

TELEPHONE NO.

(This space for State Use)

SUPERVISOR DISTRICT #

APPROVED BY Original Signed by FRANK T. CHAVEZ

TITLE

DATE MAY 03 1990

CONDITIONS OF APPROVAL, IF ANY:

