

6 BLM 1 File
UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved
Budget Bureau No. 1004-0135
Expires August 31, 1985

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—" for such proposals.)

| | |
|--|--|
| 1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER | 5. LEASE DESIGNATION AND SERIAL NO. 14-20-603-2015 |
| 2. NAME OF OPERATOR DUGAN PRODUCTION CORP. | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo Tribe |
| 3. ADDRESS OF OPERATOR P.O. Box 5820, Farmington, NM 87499-5820 | 7. UNIT AGREEMENT NAME |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1850' FNL & 2000' FEL | 8. FARM OR LEASE NAME Pet Inc. |
| 14. PERMIT NO. | 9. WELL NO. 17 |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5575' GR | 10. FIELD AND POOL, OR WILDCAT Basin-Fruitland Coal/ Ojo FR Sand-PC |
| | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 26, T28N, R15W, NMPM |
| | 12. COUNTY OR PARISH San Juan |
| | 13. STATE NM |

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
(Other) ☐

PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
ABANDON* ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐
FRACTURE TREATMENT ☐
SHOOTING OR ACIDIZING ☐
(Other) ☐

REPAIRING WELL ☐
ALTERING CASING ☐
ABANDONMENT* ☐

(Other) Acreage Designation ☒

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. 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.) *

Attached please find a plat (NMOCD form C-102) reflecting 320 acre spacing for the Basin Fruitland Coal. Application for Non-Standard 160 acre proration unit was denied.

The Ojo Fruitland Sand-PC remains 160 acre spacing.

RECEIVED

JUN 19 1989

OIL CON. DIST. 3

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

SIGNED Jim L. Jacobs
(This space for Federal or State office use)

TITLE Geologist

DATE 4-14-89

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE FOR RECORD _____

NMOCD

*See Instructions on Reverse Side

FARMINGTON RESOURCE AREA

N MEXICO OIL CONSERVATION COMMISS.
WELL LOCATION AND ACREAGE DEDICATION PLAT

Form C-102
 Supersedes C-128
 Effective 1-1-65

All distances must be from the outer boundaries of the Section.

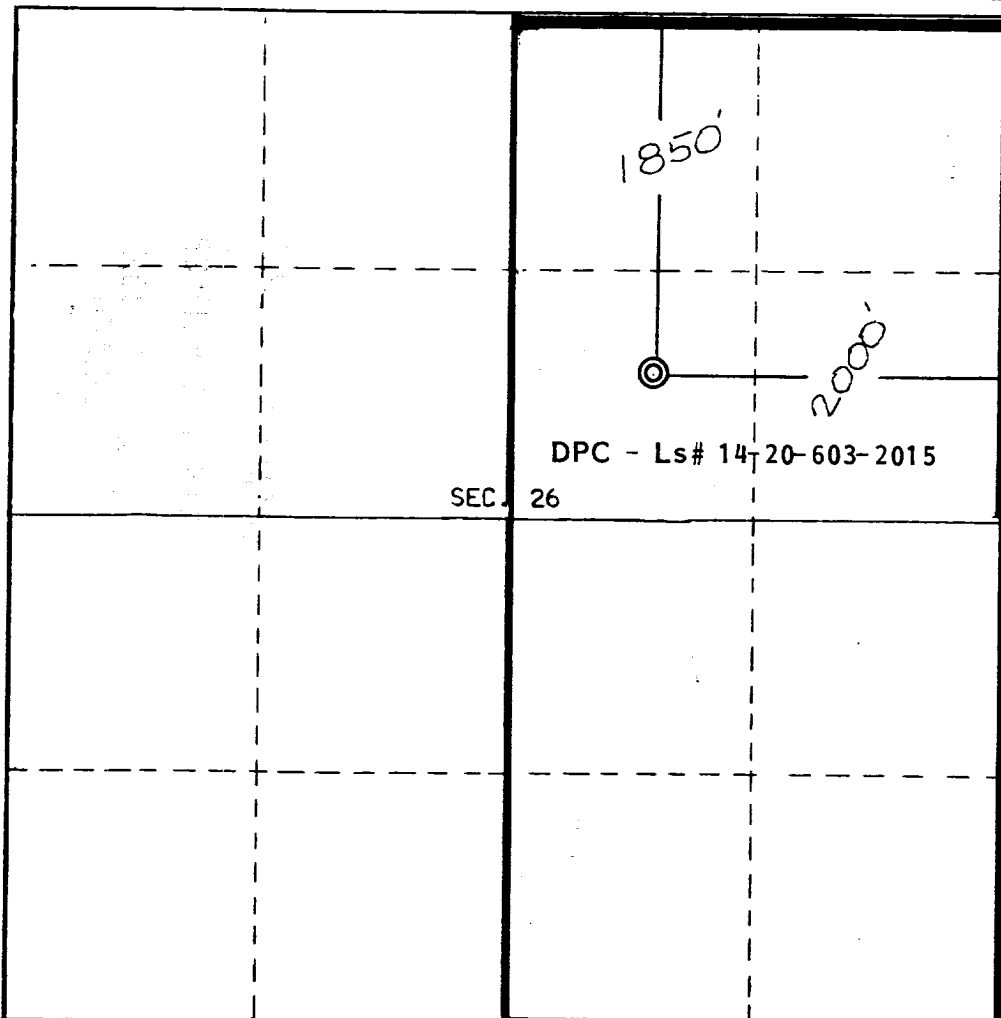
| | | | | | |
|---|--|-------------------------------------|-------------------------|--|-----------------------|
| Operator Dugan Production Corporation | | | Lease Pet Inc | | Well No. 17 |
| Unit Letter G | Section 26 | Township 28 North | Range 15 West | County San Juan | |
| Actual Footage Location of Well: 1850' feet from the North line and 2000 feet from the East line | | | | | |
| Ground Level Elev. 5575 | Producing Formation Fruitland Coal | Pool Basin Fruitland Coal | | Dedicated Acreage: 320 Acres | |

1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

☐ Yes ☐ No If answer is "yes," type of consolidation _____

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) _____

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commission.



CERTIFICATION

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

Jim L. Jacobs
 Name

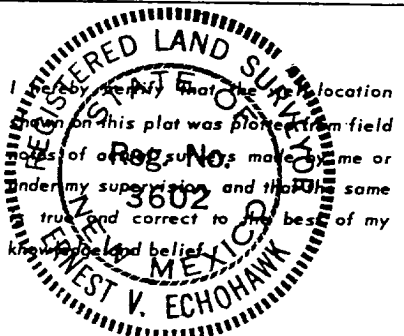
Jim L. Jacobs
 Position

Geologist
 Company

Dugan Production Corp.
 Date

4-14-89

4-14-89



Date Surveyed

April 21, 1977

Registered Professional Engineer
 and/or Land Surveyor

E.V. Echohawk
 Certificate No. **3602**

E.V. Echohawk LS

