

Operator <b>DUGAN PRODUCTION CORP.</b>		Well API No. 30-045-09083
Address <b>P.O. Box 420, Farmington, NM 87499</b>		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Completion <input type="checkbox"/> Change in Operator <input type="checkbox"/>		<input checked="" type="checkbox"/> Other (Please explain) Pool Redesignation Per NMOCD Order No. R-8769 Effective 11-1-88
Change of operator give name and address of previous operator		

DESCRIPTION OF WELL AND LEASE				
Lease Name <b>Mayre</b>	Well No. <b>1</b>	Pool Name, Including Formation <b>Twin Mounds Fruitland Sand PC</b>	Kind of Lease State, <u>Federal</u> or Fee	Lease No. <b>NM 4465</b>
Location Unit Letter <b>P</b> : <b>700</b> Feet From The <b>South</b> Line and <b>660</b> Feet From The <b>East</b> Line Section <b>31</b> Township <b>30N</b> Range <b>14W</b> , <b>NMPM</b> , <b>San Juan</b> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS						
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)				
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)				
<b>Dugan Production Corporation</b>		<b>P.O. Box 420, Farmington, NM 87499</b>				
Well produces oil or liquids, location of tanks	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?
If production is commingled with that from any other lease or pool, give commingling order number.						

COMPLETION DATA			
Designate Type of Completion - (X)	Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res v <input type="checkbox"/> Diff Res v <input type="checkbox"/>		
Is Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Productions (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Productions	Depth Casing Shoe		

TUBING, CASING AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE			
WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)			
First New Oil Run To Tank	Date of Test	Producing Method (pumpjack, etc.)	Well Size
Depth of Test	Tubing Pressure	Casing Pressure	
Total Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

S WELL			
Total Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Logging Method (piston, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

OPERATOR CERTIFICATE OF COMPLIANCE	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.	
Signature <b>Jim L. Jacobs</b>	Geologist
Dated Name <b>September 24, 1990</b>	Title <b>325-1821</b>
File	Telephone No.

OIL CONSERVATION DIVISION	
Date Approved <b>SEP 27 1990</b>	
By <b>Brian D. Chang</b>	SUPERVISOR DISTRICT #3
Title	