

**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.*

**SUBMIT IN TRIPLICATE - Other instructions on reverse side.**

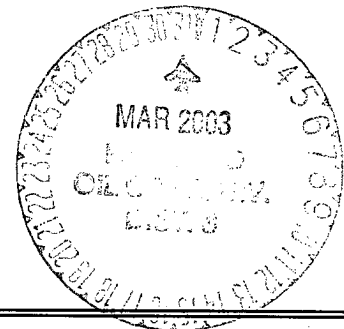
1. Type of Well <input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other		8. Well Name and No. RED MAC 2R
2. Name of Operator DUGAN PRODUCTION CORPORATION		9. API Well No. 30-045-23503-00-S1
Contact: JOHN ALEXANDER E-Mail: johncalexander@duganproduction.com		
3a. Address P. O. BOX 420 FARMINGTON, NM 874990420	3b. Phone No. (include area code) Ph: 505.325.1821 Fx: 505.327.4613	10. Field and Pool, or Exploratory WAW
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  Sec 3 T25N R12W NENE 0910FNL 0910FEL 36.43485 N Lat, 108.09238 W Lon		11. County or Parish, and State  SAN JUAN COUNTY, NM

12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION				
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off	
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity	
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other	
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon		
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal		

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompletes horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

Due to rig availability, this well will not be plugged by 3/31/2003. It will be plugged within the next 30 days.



14. Thereby certify that the foregoing is true and correct.	
<p align="center"><b>Electronic Submission #20052 verified by the BLM Well Information System</b>  <b>For DUGAN PRODUCTION CORPORATION, sent to the Farmington</b>  <b>Committed to AFMSS for processing by Steve Mason on 03/28/2003 (03SXM0602SE)</b></p>	
Name (Printed/Typed) JOHN ALEXANDER	Title VICE PRESIDENT
Signature (Electronic Submission)	Date 03/27/2003

**THIS SPACE FOR FEDERAL OR STATE OFFICE USE**

<p>Approved By <b>ACCEPTED</b></p> <p>Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.</p>	<p><b>STEPHEN MASON</b> Title <b>PETROLEUM ENGINEER</b></p> <p>Date <b>03/28/2003</b></p> <p>Office <b>Farmington</b></p>
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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.

**\*\* REVISED \*\* REVISED \*\* REVISED \*\* REVISED \*\* REVISED \*\* REVISED \*\* REVISED \*\* REVISED \*\***

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