

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENTFORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993**SUNDRY NOTICES AND REPORTS ON WELLS**

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.

Use "APPLICATION FOR PERMIT -" for such proposals.

SUBMIT IN TRIPLICATE

1. Type of Well <input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Designation and Serial No. NM 10757
2. Name of Operator Dugan Production Corp.		6. If Indian, Allotted or Tribe Name 70 Farmington, NM
3. Address and Telephone No. P.O. Box 420, Farmington, NM 87499 (505) 325-1821		7. If Unit or CA, Agreement Designation
Location of Well (Footage, Sec., T., R., M., or Survey Description) 790' FSL & 790' FEL Sec. 12, T26N, R13W, NMPM		8. Well Name and No. Irish #1J
		9. API Well No. 30 045 23887
		10. Field and Pool, or Exploratory Area WAW Fruitland Sand PC
		11. County or Parish, State San Juan, NM

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

TYPE OF SUBMISSION	TYPE OF ACTION	
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> Long term shut in	<input type="checkbox"/> Dispose Water

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

13. 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.)

Continued shut-in of this well is requested. This well is within the spacing unit of a replacement well. This well is capable of production. The operator plans to request permission to operate a second well within the spacing unit by applying to the NMOCD. This application is expected to require one year to complete.

THIS APPROVAL EXPIRES JUN 01 2005

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

Signed

John Alexander
John Alexander

Vice-President

Date

5/18/2004

(This space for Federal or State office use)

Approved by

Original Signed: Stephen Mason

Title

Date

MAY 20 2004

Conditions of approval, if any: