

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENTFORM APPROVED  
OMB NO. 1004-0137  
Expires: January 31, 2018**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.*5. Lease Serial No.  
NMNM26354

6. If Indian, Allottee or Tribe Name

**SUBMIT IN TRIPLICATE - Other instructions on page 2**7. If Unit or CA/Agreement, Name and/or No.  
SRM1299

1. Type of Well

☐ Oil Well ☒ Gas Well ☐ Other8. Well Name and No.  
DESIGNATED HITTER 2

2. Name of Operator

DUGAN PRODUCTION CORPORATION

Contact: ALIPH REENA

Email: aliph.reena@duganproduction.com

9. API Well No.  
30-045-22638-00-S1

3a. Address

PO BOX 420  
FARMINGTON, NM 87499-0420

3b. Phone No. (include area code)

Ph: 505.325.1821

10. Field and Pool or Exploratory Area  
WAW Fruitland Sand PC

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

Sec 27 T26N R12W SWSW 0790FSL 0790FWL  
36.453960 N Lat, 108.104650 W Lon

11. County or Parish, State

SAN JUAN COUNTY, NM

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

## TYPE OF SUBMISSION

## TYPE OF ACTION

☒ Notice of Intent☐ Subsequent Report☐ Final Abandonment Notice☐ Acidize☐ Alter Casing☐ Casing Repair☐ Change Plans☐ Convert to Injection☐ Deepen☐ Hydraulic Fracturing☐ New Construction☐ Plug and Abandon☐ Plug Back☐ Production (Start/Resume)☐ Reclamation☐ Recomplete☐ Temporarily Abandon☐ Water Disposal☐ Water Shut-Off☐ Well Integrity☒ Other

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 recomple 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 must be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recomple in a new interval, a Form 3160-4 must be filed once testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.

Operator requests to change well name from Designated Hitter #2 to Designated Hitter Com #2. C-102 is attached.

NMOC

OCT 24 2019

DISTRICT III

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

Electronic Submission #488564 verified by the BLM Well Information System  
For DUGAN PRODUCTION CORPORATION, sent to the Farmington  
Committed to AFMSS for processing by MELISSA REEVES-WIENTJES on 10/17/2019 (20MRW0036SE)

Name (Printed/Typed) ALIPH REENA

Title

ENGINEERING SUPERVISOR

Signature

(Electronic Submission)

Date

10/16/2019

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

Approved By

ACCEPTED

MELISSA REEVES-WIENTJES  
Title LAND LAW EXAMINER

Date 10/17/2019

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.

Office Farmington

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.

(Instructions on page 2)

**\*\* BLM REVISED \*\* BLM REVISED \*\* BLM REVISED \*\* BLM REVISED \*\* BLM REVISED \*\***

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District I  
1625 N. French Dr., Hobbs, NM 88240  
Phone: (575) 393-6161 Fax: (575) 393-0720  
District II  
811 S. First St., Artesia, NM 88210  
Phone: (575) 748-1283 Fax: (575) 748-9720  
District III  
1000 Rio Brazos Road, Aztec, NM 87410  
Phone: (505) 334-6178 Fax: (505) 334-6170  
District IV  
1220 S. St. Francis Dr., Santa Fe, NM 87505  
Phone: (505) 476-3460 Fax: (505) 476-3462

State of New Mexico  
Energy, Minerals & Natural Resources Department  
OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

Form C-102  
Revised August 1, 2011  
Submit one copy to appropriate  
District Office

☐ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

<sup>1</sup> API Number <b>30-045-22638</b>	<sup>2</sup> Pool Code <b>87190</b>	<sup>3</sup> Pool Name <b>WAW Fruitland Sand PC</b>
<sup>4</sup> Property Code <b>003627</b>	<sup>5</sup> Property Name <b>Designated Hitter Com</b>	
<sup>7</sup> OGRID No. <b>006515</b>	<sup>8</sup> Operator Name <b>Dugan Production Corp.</b>	
		<sup>6</sup> Well Number <b>2</b>
		<sup>9</sup> Elevation <b>6132' GL</b>

<sup>10</sup> Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
M	27	26N	12W		790	South	790	West	San Juan

<sup>11</sup> Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County

<sup>12</sup> Dedicated Acres 160.0 - SW/4	<sup>13</sup> Joint or Infill	<sup>14</sup> Consolidation Code	<sup>15</sup> Order No.
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No allowable will be assigned to this completion until all interests have been consolidated or a non-standard unit has been approved by the division.

<sup>16</sup> 	<sup>17</sup> OPERATOR CERTIFICATION <i>I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of such a mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.</i>  Signature _____ Date <b>10/7/19</b> Tyra M. Feil Printed Name tyrafeil@duganproduction.com E-mail Address	
	<sup>18</sup> SURVEYOR CERTIFICATION <i>I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.</i> Survey date 6/11/77 Date of Survey _____ Signature and Seal of Professional Surveyor: _____ Surveyed by E. V. Echohawk, Certificate Number 3602 Certificate Number _____	