

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

5. Lease Designation and Serial No.

NM 15654

6. If Indian, Allotted or Tribe Name

RECEIVED
BLM
210 FARMINGTON NM

7. If Unit or CA, Agreement Designation

1. Type of Well

☐ Oil Well ☐ Gas Well ☒ Other SWD-1048

2. Name of Operator

Dugan Production Corp.

3. Address and Telephone No.

P.O. Box 420, Farmington, NM 87499 (505) 325 - 1821

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

795' FNL & 2180' FWL (NE/4 NW/4)
Unit C, Sec. 30, T24N, R10W, NMPM

8. Well Name and No.

Frazzle #1 SWD

9. API Well No.

30 045 33865

10. Field and Pool, or Exploratory Area

Entrada SWD (96436)

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 type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input checked="" 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"/> Other Perform MIT	<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.)

Performed MIT on 4/19/07. Pressure test to 425 psig. Monitored for 30 minutes. Lost 5 psig in 30 minutes. Passed. Witnessed by NMOCD.



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

Signed John Alexander
(This space for Federal or State office use)

Vice-President

Date 4/23/2007

ACCEPTED FOR RECORD

Approved by _____ Title _____

Date APR 27 2007

Conditions of approval, if any:

FARMINGTON FIELD OFFICE
Shm

Title 18 U.S.C. Section 1001, makes 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.

*See Instruction on Reverse Side

NMOCD