

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

RECEIVED
SEP 29 2008
Bureau of Land Management
Farmington Field Office

FORM 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-89131
2 Name of Operator Dugan Production Corp.	6 If Indian, Allotted or Tribe Name
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) 1330' FNL & 1900' FWL (SE/4 NW/4) Unit F, Sec. 6, T27N, R13W, NMPM	8 Well Name and No No Doubt #91
	9. API Well No. 30 045 33796
	10 Field and Pool, or Exploratory Area Basin Fruitland Coal
	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"/> Other <u>APD extension</u>	<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.)*

Operator requests an extension of the approved APD.

This final approval expires 08/28/11

RCVD OCT 3 '08
OIL CONS. DIV.
DIST. 3

Current NMOCD rules and regulations must be met at time of drilling

A COMPLETE C-144 MUST BE SUBMITTED TO AND APPROVED BY THE NMOCD FOR: A PIT, CLOSED LOOP SYSTEM, BELOW GRADE TANK, OR PROPOSED ALTERNATIVE METHOD, PURSUANT TO NMOCD PART 19.15.17, PRIOR TO THE USE OR CONSTRUCTION OF THE ABOVE APPLICATIONS.

14 I hereby certify that the foregoing is true and correct

Signed

Kurt Fagrelus
Kurt Fagrelus

Title

Vice-President, Exploration

Date

9/22/2008

(This space for Federal or State office use)

Approved by

Cynthia Mangrey
Cynthia Mangrey

Title

LDE

Date

09/30/08

Conditions of approval, if any