

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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APR 02 2010

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 well on the same land.
Use "APPLICATION FOR PERMIT -" for such proposals

Bureau of Land Management
Farmington Field Office

5 Lease Designation and Serial No
100472
6 Indian, Allotted or Tribe Name

SUBMIT IN TRIPLICATE

1 Type of Well <input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other	7 If Unit or CA, Agreement Designation NM NM-118403
2 Name of Operator Dugan Production Corp.	8 Well Name and No Ellington Com #90
3 Address and Telephone No P.O. Box 420, Farmington, NM 87499 (505) 325-1821	9 API Well No 30 045 33871
Location of Well (Footage, Sec, T, R, M, or Survey Description) 1000' FNL & 1320' FEL (NW/4 NE/4) Unit B, Sec 26, T22N, R8W, NMPM	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 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 <u>Production Start Up</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.)

KE

Well placed in production on 03/24/10 @ 11:00am

RCVD APR 5 '10
OIL CONS. DIV.

Tubing Pressure 50
Casing Pressure 65
Initial mcf 23
Sales Meter # 3049
Gas Transporter Enterprise

DIST. 3

14 I hereby certify that the foregoing is true and correct

Signed Staci E. Brooks Title Prod Acct. Supervisor Date 04/01/2010

(This space for Federal or State office use)

Approved by _____ Title _____ Date _____
Conditions of approval, if any

ACCEPTED FOR RECORD

APR 02 2010

FARMINGTON FIELD OFFICE
BY CM

NMOCD 88