

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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 19567 |
| 2. Name of Operator Dugan Production Corp. | 6. If Indian, Allottee or Tribe Name B M U: 06 |
| 3. Address and Telephone No. P.O. Box 420, Farmington, NM 87499 (505) 325-1821 | 7. If Unit or CA, Agreement Designation MEXICO |
| 4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 1450' FNL - 1500' FWL Sec. 8, T24N, R8W, NMPM | 8. Well Name and No. Okie 2 |
| | 9. API Well No. 30-045-22304 |
| | 10. Field and Pool, or Exploratory Area Potwin 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 type="checkbox"/> Notice of Intent | <input type="checkbox"/> Abandonment |
| <input checked="" type="checkbox"/> Subsequent Report | <input type="checkbox"/> Recompletion |
| <input type="checkbox"/> Final Abandonment Notice | <input type="checkbox"/> Plugging Back |
| | <input type="checkbox"/> Casing Repair |
| | <input type="checkbox"/> Altering Casing |
| | <input checked="" type="checkbox"/> Other <u>Swab Test</u> |
| | <input type="checkbox"/> Change of Plans |
| | <input type="checkbox"/> New Construction |
| | <input type="checkbox"/> Non-Routine Fracturing |
| | <input type="checkbox"/> Water Shut-Off |
| | <input type="checkbox"/> Conversion to Injection |
| | <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.)*

Swabbed tubing 20 times when well kicked off and flowed 20 mcfd with small amount of water. Work completed 10-25-90.

RECEIVED
JUL 16 1991
OIL CON. DIV. I
DIST. 3

14. I hereby certify that the foregoing is true and correct
Signed John Alexander Title Operations Manager Date 7-12-91
(This space for Federal or State office use)

Approved by _____ Title _____ Date JUL 15 1991
Conditions of approval, if any: _____

FARMINGTON RESOURCE AREA

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

NNMOOD