

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240DISTRICT II
P.O. Drawer DD, Artesia, NM 88210DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088WELL API NO.
30-045-276935. Indicate Type of Lease
STATE ☒ FEE ☐6. State Oil & Gas Lease No.
V-2364SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"
(FORM C-101) FOR SUCH PROPOSALS.)

7. Lease Name or Unit Agreement Name

Road Runner

8. Well No.
19. Pool name or Wildcat
South Bisti Gallup Ext.

1. Type of Well:

OIL
WELL ☒GAS
WELL ☐

OTHER

2. Name of Operator

DUGAN PRODUCTION CORP.

3. Address of Operator

P.O. Box 420, Farmington, NM 87499

4. Well Location

Unit Letter 0 : 660 Feet From The South Line and 1980 Feet From The East Line

Section 36 Township 24N Range 11W NMPM San Juan County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

6565' GL; 6577' RKB

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐PLUG AND ABANDON ☐REMEDIAL WORK ☐ALTERING CASING ☐TEMPORARILY ABANDON ☐CHANGE PLANS ☐COMMENCE DRILLING OPNS. ☐PLUG AND ABANDONMENT ☐PULL OR ALTER CASING ☐CASING TEST AND CEMENT JOB ☐OTHER: ☐OTHER: Change Gallup Perfs ☒

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Set cast iron bridge plug at 4300' and pressure test to 3,000 psi. Perforate Upper Gallup with 1 JSPF at: 3955, 72, 77, 85, 4001, 12, 23, 44, 54, 63, 77, 86, 90, 4103, 23, 41, 50, 56, 59, 73, 81, 85, 89, 4201, 07, 26. Fracture Upper Gallup with 74,640 gal. slick water and 80,535 lb. 20-40 sand. Pump test Upper Gallup at 18 bopd and 26 bbls. frac water per day. Plan to leave Lower Gallup shut-in until Upper Gallup tested. Job complete 3-6-92.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE

John Alexander

TITLE Operations Manager

DATE 3-9-92

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

Original Signed by FRANK T. CHAVEZ

SUPERVISOR DISTRICT # 3

MAR 10 1992

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: