

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENTFORM 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		5. Lease Designation and Serial No.	
<input type="checkbox"/> Oil Well	<input checked="" type="checkbox"/> Gas Well	NM 25443	
2. Name of Operator		6. If Indian, Allotted or Tribe Name	
Dugan Production Corp.			
3. Address and Telephone No.		7. If Unit or CA, Agreement Designation	
P.O. Box 420, Farmington, NM 87499 (505) 325 - 1821			
Location of Well (Footage, Sec., T., R., M., or Survey Description)		8. Well Name and No.	
790' FNL & 1000' FWL Sec. 3, T25N, R12W, NMPM		Red Mac #3	
		9. API Well No.	
		30 045 21850	
		10. Field and Pool, or Exploratory Area	
		WAW Fruitland Sand 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 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>Install Portable Compressor</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.)*

Request 90-day extension of time to return well to production. Due to the number of new wells that the operator has placed on production, a portable gas compressor is not available. A compressor is required to allow the well to produce in the sales line. This well will be returned to production or plans submitted to abandon within 90 days.

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

Signed

John Alexander
John Alexander

Title

Vice-president

Date

4/27/2001

(This space for Federal or State office use)

Approved by

Title

Date

4/30/01

Conditions of approval, if any:

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

NMOC