

BUREAU OF LAND MANAGEMENT

SUNDRY 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" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Jicarilla	
2. NAME OF OPERATOR DUGAN PRODUCTION CORP.		7. UNIT AGREEMENT NAME Boulder	
3. ADDRESS OF OPERATOR P.O. Box 420, Farmington, NM 87499		8. FARM OR LEASE NAME Boulder	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface SW/4 NW/4		9. WELL NO. 2	
14. PERMIT NO.		10. FIELD AND POOL, OR WILDCAT Boulder Mancos	
15. ELEVATIONS (Show whether DT, RT, CR, etc.)		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 23, T28N, R1W, NMPM	
		12. COUNTY OR PARISH Rio Arriba	13. STATE NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Status

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. 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.)*

Dugan Production has now acquired 100% working interest in this lease. It is our intention to start a workover program this fall on this lease. We plan to first workover Boulder Well No. 2, and if successful, we will attempt to rework the other wells. If this plan is not successful, we will plug and abandon this well.

RECEIVED
SEP 15 1989
OIL CON. DIV.
DIST. 8

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

SIGNED

Jim L. Jacobs

(This space for Federal or State office use)

TITLE Geologist

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED

DATE

8-31-89

SEP 15 1989

Kon Townsend
AREA MANAGER
FARMINGTON RESOURCE AREA

*See Instructions on Reverse Side