Form 3160-5 (June 1990)	•••	TED STATES NT OF THE INTERIC	OR	PORM APPROVED Budget Bureas No. 1004-0135 Expires: March 31, 1993
, .	BUREAU OF	LAND MANAGEME	<b>NT</b>	5. Losse Designation and Serial No.
Do not use this	SUNDRY NOTICES form for proposals to d Use "APPLICATION FO	rill or to deepen or re	entry to a different reservoir.	NM 28820 6. If Indian, Allottee or Tribe Name
	SUBMI	7. If Unit or CA, Agreement Designation		
I. Type of Well GA V Well V Well	DK Owker	8. Well Name and No.		
2. Name of Operator		Ms. Nona #2		
Dugan Pr	oduction Corp.	9. API Well No.		
3. Address and Telephone		30 045 22764		
P.O. Box	420, Farmington,	10. Field and Pool, or Exploratory Area		
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)				Basin Dakota/Greek Gallup
920' FNT.	& 970' FEL (NE/4	11. County or Parish, State		
	Sec. 15, T30N, R14	San Juan County, NM		
12. CHECK	APPROPRIATE BOX	s) TO INDICATE N.	ATURE OF NOTICE, REPO	RT, OR OTHER DATA
TYPE OF	SUBMISSION		TYPE OF ACTION	
X Notice	of Latent D E C		idonment moletion	Change of Plans
☐ Subseq	neux Report DEC	8 1996 Prus	ging Back	Non-Routine Frecturing Water Shut-Off
Final /	Abandonment Notin		ng Repair ing Cosing r Complete GA & DHC W/	Conversion to Injection
	Abandonament Notin [] [] C	21.3		(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)
13 Describe Progressed or C	completed Operations (Clearly state a cations and speasured and true verti	a pertinent details, and give pert	inent dates, including estimated date of startin cones pertinent to this work.)*	gary proposed work. If well is directionally drilled,

It is intended to complete the Gallup formation and downhole commingle it with the Dakota as follows:

- 1.) TOH with tubing. Set CIBP at 6000'. Selectively perforate the Gallup from 5527-5843'.
- 2.) Fracture treat the interval with slickwater and 100,000# sand.
- 3.) Clean out to PBTD. Land tubing at 6400'. Swab test. Run pump and rods.

A plat for the Galup is on the back of this sundry.

		APPROVED
14. I hereby certify that the foregoing is true and correct Signed	Operations Manager	DEC 1 6 13/10/96
(This space for Federal or State office use)	Tide	Museum
Approved by Conditions of approval, if any:  DHC-14/6 (E)		MANAGER MANAGER

Tide 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.

District I PO Box 1990, Hobba, NM 88241-1990 District II PO Drawer DD, Artesia, NM 88211-07 State of New Mexico
Energy, Minerals & Natural Resources Department

Form C-102
Revised February 21, 1994

PO Drawer DD, Artesia, NM 88211-0719 District III 1800 Rie Brasse Rd., Astec, NM 87419 District IV

PO Box 2008, Santa Fc, NM 87504-2008

OIL CONSERVATION DIVISION PO Box 2088 Santa Fe, NM 87504-2088 Instructions on back
Submit to Appropriate District Office
State Lease - 4 Copies
Fee Lease - 3 Copies

AMENDED REPORT

## WELL LOCATION AND ACREAGE DEDICATION PLAT AFT Number <sup>1</sup> Pool Code 30 045 22764 96219 W/C Greek Gallup Egg <sup>4</sup> Property Code <sup>5</sup> Property Name Well Number 003775 Ms. Nona 'OGRID Ne. Operator Name 'Élevation 006515 Dugan Production Corp. 6102' GL Surface Location UL or lot so. Section Township Range Lot Ida Feet from the North/South line Feet from the East/West fine County A 15 30N 14W 920 North 970 East San Juan 11 Bottom Hole Location If Different From Surface UL or lot so. Section Township Lot Ida Feet from the North/South line Feet from the East/West Lac County U Dedicated Acres Joint or Infill 14 Consolidation Code 15 Order No. NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION 17 OPERATOR CERTIFICATION I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief 9201 - 970 Signature Brink Gary Operations Manager 11/6/96 Date ISURVEYOR CERTIFICATION I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief. September 18, 1977 Date of Survey Signature and Seal of Professional Surveyer: Original signed by E.V. Echohawk, L.S. 3602 Certificate Number