5-USGS (Farmington) 1-Wexpro (Fmgtn) 1-Wexpro (Salt Lake) 1-File Form Approved. Form 9-331 Budget Bureau No. 42-R1424 Dec. 1973 UNITED STATES 5. LEASE NM 10875 DEPARTMENT OF THE INTERIOR 6. IF INDIAN, ALLOTTEE OR TRIBE NAME **GEOLOGICAL SURVEY** 7. UNIT AGREEMENT NAME: 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 Form 9–331–C for such proposals.) 8. FARM OR LEASE NAME . . . 4 Greek's Fete gas weil 9. WELL NO. other well #1 2. NAME OF OPERATOR 10. FIELD OR WILDCAT NAME Dugan Production Corp. Twin: Mounds 3. ADDRESS OF OPERATOR Box 208, Farmington, NM 87401 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 Sec 13 T30N R15W AT SURFACE: 870' FSL - 1070' FEL 12. COUNTY OR PARISH 13. STATE AT TOP PROD. INTERVAL: San Juan AT TOTAL DEPTH: 14. API NO. . :_ : 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, 15. ELEVATIONS (SHOW DF, KDB, AND WD) REPORT, OR OTHER DATA 5374¹ SUBSEQUENT REPORT OF: REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE (NOTE: Report results of multiple completion or zone REPAIR WELL change on Form 9-330.) PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES ABANDON* (other) spud and surface csg 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.)* Moved in and rigged up Morrow Drlg Co. Spudded 7-7/8" hole got wet Shut down. 12-31-79 Finished drilling 7-7/8" hole @ 10:45 a.m. 12-31-79. Ran 3 its 5-1 csg. TE 99.5' set @ 100' GL. Cemented w/35 sx neat. Good circu surface Ft. Subsurface Safety Valve: Manu. and Type ___ 18. I hereby certify that the foregoing is true and correct TITLE Petroleum EngineerDATE (This space for Federal or State office use) TITLE APPROVED BY CONDITIONS OF APPROVAL, IF ANY:

•C., Ir structions on Reversa Sida