Office	State of New Mexico	Form C-103
	gy, Minerals and Natural Resources	
1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283		WELL API NO. 30-045-35348
811 S. First St., Artesia, NM 88210 OIL	11 S. First St., Artesia, NM 88210 OIL CONSERVATION DIVISION	
District III - (505) 334-6178 1220 South St. Francis Dr. 1000 Rio Brazos Rd., Aztec, NM 87410		5. Indicate Type of Lease STATE ☐ FEE ☒
District IV - (505) 476-3460	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505		Fee Lease
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" (FORM C-101) FOR SUCH PROPOSALS.)		7. Lease Name or Unit Agreement Name Federal I Com
1. Type of Well: Oil Well Gas Well Other		8. Well Number 103S
2. Name of Operator		9. OGRID Number
Dugan Production Corp (505) 325-1821 3. Address of Operator		006515 10. Pool name or Wildcat
The state of the s		Basin Fruitland Coal (71620)
P O Box 420 Farmington, NM 87499-0420		Harper Hill FR Sand PC (78160)
4. Well Location		
Unit Letter_M_:1065fe	et from theFSL line and	_335feet from theFWLline
	nship 29 Range 14W NMPM	
11. Eleva	ation (Show whether DR, RKB, RT, GR, 5454' GL	etc.)
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INTENTION TO:		
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING REMEDIAL WORK ALTERING CASING		
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. P AND A		
	LE COMPL CASING/CEN	
DOWNHOLE COMMINGLE		
CLOSED-LOOP SYSTEM		
OTHER:	OTHER:	s, and give pertinent dates, including estimated date
	RULE 19.15.7.14 NMAC. For Multiple	e Completions: Attach wellbore diagram of
Well was first delivered on April 29, 2014	@ 9.20 AM	
Well was first delivered on April 29, 2014	. @ 6.50 AW	an aana bulbiat a
		OIL CONS. DIV DIST., 3
		DEC 2 2 2014
<u></u>		
Spud Date:	Rig Release Date:	
XELLO TIMO A ZINIL	u wanner	
I hereby certify that the information above is tr		rledge and belief.
	9	
SIGNATURE HOW Brooks	TITLE:_Production Account	ing SupervisorDATE12/17/2014
Type or print name Staci Brooks E-mail:		.com PHONE:505-325-1821
For State Use Only		
APPROVED BY:	TITLE ACCEPTED F	DATE
Conditions of Approval (if any):	PY	
1		