Office Submit I Copy To Appropriate District	State of New Mexico	Form C-103
District I - (575) 393-6161	Energy, Minerals and Natural Resources	639 Revised July 18, 2013
1625 N. French Dr., Hobbs, NM 88240		WELL API NO. 30-045-23001
<u>District II</u> – (575) 748-1283 811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION	5. Indicate Type of Lease
District III - (505) 334-6178	1220 South St. Francis Dr.	STATE STATE
1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> – (505) 476-3460	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM		LG-0728
87505	ES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOSA DIFFERENT RESERVOIR. USE "APPLICA	LS TO DRILL OR TO DEEPEN OR PLUG BACK TO A TION FOR PERMIT" (FORM C-101) FOR SUCH	Boomer
PROPOSALS.)  1. Type of Well: Oil Well   G	ias Well 🛛 Other	8. Well Number
2. Name of Operator		9. OGRID Number
Dugan Production Corp.		006515
3. Address of Operator		10. Pool name or Wildcat
PO Box 420, Farmington, NM 8749	9	Ballard Pictured Cliffs
4. Well Location		
Unit Letter A: 790 f	eet from the North line and 790 feet from	n the East line
Section 32 Township	ip 25N Range 7W NMPM Rio Arrib	oa County
	11. Elevation (Show whether DR, RKB, RT, GR,	etc.)
	6648' GL	
12. Check Ap	propriate Box to Indicate Nature of Notice	ce, Report or Other Data
NOTICE OF INT	ENTION TO	IDOCOLICAT DEDOCT OF
NOTICE OF INT		JBSEQUENT REPORT OF:
	PLUG AND ABANDON REMEDIAL W	
The state of the s	The state of the s	DRILLING OPNS. P AND A
	MULTIPLE COMPL CASING/CEM	ENT JOB $\square$
DOWNHOLE COMMINGLE		
CLOSED-LOOP SYSTEM  OTHER:	□ OTHER: Re	eturned to production
	ted operations. (Clearly state all pertinent details,	
	k). SEE RULE 19.15.7.14 NMAC. For Multiple	
proposed completion or recor		
This well was returned to pro	duction on March 7, 2016 at 2 mcfd.	Oll CONO Pro-
		OIL CONS. DIV DIST. 3
		MAR 1 4 2016
Spud Date:	Rig Release Date:	
pud Buc.	Tog Release Bate.	
haraby partify that the information of	pove is true and complete to the best of my knowle	adge and helief
hereby certify that the information at	ove is true and complete to the best of my known	edge and belief.
0 0	01	
SIGNATURE HOW	Clare Vice-President	DATE March 10, 2016
0	120	
ype or print name John Alexander	E-mail address: johncalexander@dug	anproduction.com PHONE: 505-325-1821
For State Use Only		
ACCEPTED FO	OR RECORD	
		DATE
APPROVED BY: Conditions of Approval (if any):	TITLE	DATE