

Submit 3 Copies
to Appropriate
District Office

3 NMOCD

1 File

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.
LG 3923

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

State 32-22-6

1. Type of Well:

OIL
WELL ☐

GAS

WELL ☒

OTHER

2. Name of Operator

DUGAN PRODUCTION CORP.

8. Well No.

1

3. Address of Operator

P.O. Box 420, Farmington, NM 87499

9. Pool name or Wildcat

Rusty Chacra

4. Well Location

Unit Letter D : 1100 Feet From The North Line and 1010 Feet From The West Line

Section 32 Township 22N Range 6W NMPM Sandoval County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

11.

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☒

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Plug well as follows using Class B cement plugs set inside 4½" casing:

Chacra1590-1690
Pictured Cliffs1217-1317
Kirtland-Fruitland404-504
Surface casing0-147

RECEIVED

JUL 20 1992

OIL CON. DIV.

OFFICE 3

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE

John Alexander

TITLE

Operations Manager

DATE 7/17/92

TYPE OR PRINT NAME

John Alexander

TELEPHONE NO.

(This space for State Use)

APPROVED BY

Original Signed by CHARLES GHOLSON

TITLE

DEPUTY OIL & GAS

DATE

JUL 20 1992

CONDITIONS OF APPROVAL, IF ANY: