Submit 3 Copies to Appropriate District Office

3 NMOCD (Aztec)
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.
30 045 24465

5. Indicate Type of Lease STATE [X] FEE [ ]

6. State Oil & Gas Lease No.
VA-1119*

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
Cochran

1. Type of Well:
OIL WELL [ ] GAS WELL [X] OTHER

2. Name of Operator
Dugan Production Corp. 6515

8. Well No.
1

3. Address of Operator
P.O. Box 420, Farmington, NM 87499

9. Pool name or Wildcat
~~Wildcat~~ Chacra 84360

4. Well Location
Unit Letter A : 1165 Feet From The North Line and 1170 Feet From The East Line

Section 16 Township 22N Range 8W NMPM San Juan County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
6656' GL

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK [ ]	PLUG AND ABANDON [ ]	REMEDIAL WORK [ ]	ALTERING CASING [ ]
TEMPORARILY ABANDON [ ]	CHANGE PLANS [ ]	COMMENCE DRILLING OPNS. [ ]	PLUG AND ABANDONMENT [ ]
PULL OR ALTER CASING [ ]		CASING TEST AND CEMENT JOB [ ]	
OTHER: [ ]		OTHER: Change of Name, Operator & Lease No. [X]	

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.

Previous Owner:	Texaco E&P Inc. 3300 N. Butler, Farmington, NM 87401
Previous Name:	Dome State 16-22-8 No. 1 (API# 30 045 24465)
New Owner/Operator:	Dugan Production Corp.
New Name:	Cochran No. 1
Effective Date:	12/1/93

RECEIVED
JAN 06 1994
OIL CON. DIV.
DIST. 3

*Previously Lease LG 773 (expired).

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 1/5/94

TYPE OR PRINT NAME John Alexander TELEPHONE NO.

(This space for State Use)

APPROVED BY Original Signed by FRANK T. CHAVEZ TITLE SUPERVISOR DISTRICT # 3 DATE JAN - 6 1994

CONDITIONS OF APPROVAL, IF ANY: