

Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM
87505

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-103
Revised March 25, 1999

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.)		WELL API NO. 30-045-28333
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Dugan Production Corp.		6. State Oil & Gas Lease No. LG-9090
3. Address of Operator P. O. Box 420, Farmington, NM 87499-0420		7. Lease Name or Unit Agreement Name: Little b
4. Well Location Unit Letter <u>G</u> : <u>1850</u> feet from the <u>North</u> line and <u>1850</u> feet from the <u>East</u> line Section <u>36</u> Township <u>23 North</u> Range <u>8 West</u> NMPM San Juan County		8. Well No. 2
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 6910' GL		9. Pool name or Wildcat Bisti Chacra (96031)

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 ☐ MULTIPLE COMPLETION ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: Test Production ☒

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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.

On 10/4/02 a 24 hour test was conducted. Average gas rate was 319 mcf/d with 2 barrels of water.

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

SIGNATURE Bill Armenta TITLE Production Supervisor DATE 10/7/2002

Type or print name Bill Armenta

Telephone No. (505)325-1821

(This space for State use)

APPROVED BY

TITLE

DATE

Conditions of approval, if any:

DEPUTY OIL & GAS INSPECTOR DIST. 1

OCT - 9 2002