

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.  
30-045-28027

5. Indicate Type of Lease  
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.  
V-2364

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.)

1. Type of Well:  
OIL WELL ☐ GAS WELL ☒ OTHER

2. Name of Operator  
DUGAN PRODUCTION CORP.

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

4. Well Location  
Unit Letter K : 1850 Feet From The South Line and 1850 Feet From The West Line  
Section 36 Township 24 North Range 11 West NMPM San Juan County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
6540' 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: Top of cement ☒

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.

Cement top is 50' based on following observations:

The caliper log (run top to bottom) showed an annular volume of 111 cu. ft. Two hundred cubic feet of cement was used to cement the 4½" production string. This is an 80% excess over caliper volume. A 20 barrel water lead was pumped in front of the cement. Returns during the cement operation indicated that all of this water lead was recovered with a cement color just prior to landing the plug.

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

SIGNATURE Jim L. Jacobs TITLE Vice-President DATE 9-24-90  
TYPE OR PRINT NAME Jim L. Jacobs TELEPHONE NO. 325-1821

(This space for State Use)

Original Signed by FRANK T. CHAVEZ

SUPERVISOR DISTRICT # 3

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE SEP 24 1990

CONDITIONS OF APPROVAL, IF ANY: