	State of New Mexico			/ -
Submit 3 Copies to Appropriate District Office	Energy, Minerals and Natural Res		1157 k man, yn ddigy	Form C-103 Revised 1-1-89
DISTRICT I P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATIO	N DIVISION 8 87504-2088	WELL API NO. (2058)	85
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexico	87504-2088	Indicate Type of I	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410		OCT - 4 1999	6. State Oil & Gas I LG-0728	
(DO NOT USE THIS FORM FOR PRODIFFERENT RESER	ICES AND REPORTS ON WELL DPOSALS TO DRILL OR TO DEEPEN PRICE OF THE PROPOSALS.)	OR PLUG BACK TO A	7. Lease Name or U	nit Agreement Name
1. Type of Well: OIL WELL X WELL X	OTHER		Palluche St	ate .
2. Name of Operator	,		8. Well No.	
Dugan Production 3. Address of Operator			9. Pool name or Wil	
P. O. Box 420,	Farmington, NM 87499	(505) 325-1821	Ballard Pic	cured Cliffs
4. Well Location Unit Letter P: 940' Feet From The South Line and 790' Feet From Tie East Line				
Section 32 Township 25N Range 7W NMPM Rio Arciba County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 6716' KB, 6704' GR Check Appropriate Box to Indicate Nature of Notice, Report, or Other I)ata NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:				
	F			A_TERING CASING
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK		PLUG AND ABANDONMENT
TEMPORARILY ABANDON CHANGE PLANS				
PULL OR ALTER CASING CASING TEST AND CEN			EMENT JOB L	
OTHER: Change of Operator XX 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.				
Change in operator from Kimbark Oil & Gas Company, now Hallodor Petroleum Company, to Dugan Production Corp.				
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I hereby certify that the information above is true and complete to the best of my epowledge and belief. Thereby certify that the information above is true and complete to the best of my epowledge and belief. Thereby certify that the information above is true and complete to the best of my epowledge and belief.			ent	DATE 9/3/99
SIONATURE	/ John Alexander			TELEPHONE NO. (505)325-18
TYPE OR PRINT NAME				
(This space for State Use)		DEPMY ON \$ SAS IN		4 1000
APPROVED BY CRICINAL SIGNED E	N CHAPLIE T. PERRO	me	· · · · · · · · · · · · · · · · · · ·	DATE

CONDITIONS OF APPROVAL, IF ANY: