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to Appropriate
District Office

3 NMOC
1 File
11 Wios

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 198C, 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.

30-045-05616

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

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

8. Well No.

155

9. Pool name or Wildcat

Bisti Lower Gallup

4. Well Location

Unit Letter L : 1980 Feet From The South Line and 660 Feet From The West Line

Section 36 Township 26N Range 13W NMPM San Juan 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.

OIL CON. DIV.
DIST. 3

Plug by spotting Class B cement plugs with 6% gel as follows:

1. Gallup 4740-4840 inside 5½" casing.
2. Perforate 50' below Mesa Verde top @ 1960'. Spot cement inside and outside 1910-2010.
3. Perforate 50' below Pictured Cliffs @ 1235'. Spot plug inside and outside to cover P.C and Fruitland 945-1245.
4. Perforate 50' below surface casing (approximately 200' in depth). Spot plug inside and outside to surface.

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

SIGNATURE

John Alexander

TITLE

operator mgr

DATE 7-17-92

TYPE OR PRINT NAME

John Alexander

TELEPHONE NO.

(This space for State Use)

Original Signed by

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: