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to Appropriate
District Office

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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.

30-045-05616

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

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 DP, 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: Return to production ☒

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.

Operator had previously submitted a sundry notice to plug and abandon this well. Recently 3 wells in the unit have been returned to production with good results. Prior to abandonment, operator request they be allowed to test this well for productive capability. This will require that a suitable pump jack be moved to location. The test will be completed no later than July 1998. We ask that abandonment be postponed until that time. If it is determined that the well is not economic, it will be plugged immediately.

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

SIGNATURE

John Alexander
John Alexander

TITLE Vice-President

DATE 3/9/98

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

APPROVED BY

Johnny Robinson

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: