State of New Mexico
Energy, Minerals and Natural Resources Department

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.

30-045-25832

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.)

7. Lease Name or Unit Agreement Name

My Place

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

8. Well No.

1

2. Name of Operator

Dugan Production Corp.

9. Pool name or Wildcat

Meadows Gallup

3. Address of Operator

P.O. Box 420, Farmington, NM 87499

4. Well Location

Unit Letter __L__ : __2210__ Feet From The __South__ Line and __670__ Feet From The __West__ Line

Section __3__   Township __29N__   Range __15W__   NMPM   San Juan   County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
5178' GL; 5190' RKB

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 ☐

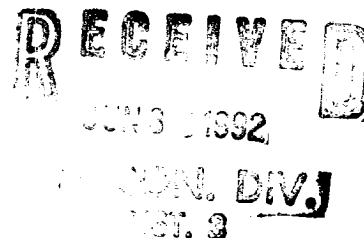OTHER:_____   ☐   OTHER:_____   ☐

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.

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

1. 100' plug across Gallup to @ 3760'.

2. 100' plug across Mesa Verde @ 1190'.

3. 100' plug across surface casing @ 214'.

4. 50' surface plug.

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

SIGNATURE _John Alexander_   TITLE _Operations Manager_   DATE _6/30/92_

TYPE OR PRINT NAME John Alexander

TELEPHONE NO.

(This space for State Use)

Original Signed by CHARLES GHOLSON

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

DEPUTY OIL & GAS INSPECTOR, DISTRICT
TITLE _____   DATE _____

JUN 30 1992