

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-100
Revised 1-1-89

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

WELL API NO. 30 045 29883
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	7. Lease Name or Unit Agreement Name King Com
2. Name of Operator Dugan Production Corp.	8. Well No. 90
3. Address of Operator P. O. Box 420, Farmington, NM 87499-0420 (505)325-1821	9. Pool name or Wildcat Basin Fruitland Coal
4. Well Location Unit Letter <u>B</u> : <u>1128'</u> Feet From The <u>North</u> Line and <u>1511'</u> Feet From The <u>East</u> Line Section <u>11</u> Township <u>29N</u> Range <u>14W</u> NMPM <u>San Juan</u> County	10. Elevation (Show whether DF, RKB, RT, GR, etc.) 5478' GL

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <u>Completion - frac</u> <input checked="" type="checkbox"/>

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.

Spearhead w/1,500 gallons 15% HCL followed by frac 17,000# 20/40 sand
in 18,000 gallons 70 quality foam containing 20# crosslink gel.

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

SIGNATURE Terry Kochis TITLE Engineer DATE 1/26/2001

TYPE OR PRINT NAME Terry Kochis TELEPHONE NO. (505)325-182

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

JAN 30 2001