

Submit 1 Copy To Appropriate District  
Office  
District I - (575) 393-6161  
1625 N. French Dr., Hobbs, NM 88240  
District II - (575) 748-1283  
811 S. First St., Artesia, NM 88210  
District III - (505) 334-6178  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV - (505) 476-3460  
1220 S. St. Francis Dr., Santa Fe, NM  
87505

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103  
Revised August 1, 2011

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

WELL API NO. 30-005-10524
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. OG-1062
7. Lease Name or Unit Agreement Name KM Chaveroo SA Unit
8. Well Number 110
9. OGRID Number 006515
10. Pool name or Wildcat Chaveroo (San Andres)
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4375' GL

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 Water Injection Well

2. Name of Operator  
Dugan Production Corp.

3. Address of Operator  
P O Box 420, Farmington, NM 87499-0420

4. Well Location

Unit Letter N : 990 feet from the South line and 1980 feet from the West line

Section 2 Township 8S Range 33E NMPM Chaves County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
4375' GL

12. 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 ☐ MULTIPLE COMPL ☐  
DOWNHOLE COMMINGLE ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ P AND A ☐  
CASING/CEMENT JOB ☐

OTHER: MIT & Return to Injection ☒

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Conducted MIT test on 7/5/2016. Pressure test casing to 400 psi for 30 mins. End pressure 390 psi. MIT passed. OCD witnessed test and signed chart. Well returned to injection on 7/7/16. Please see the pressure chart attached.

Spud Date:

Rig Release Date:

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

SIGNATURE Ima M. Zeil TITLE Vice-President DATE 8/12/16

Type or print name Aliph Reena E-mail address: aliph.reena@duganproduction.com PHONE: 505-325-1821

For State Use Only

APPROVED BY: Maley Brown TITLE Dist. Supervisor DATE 8/15/2016

Conditions of Approval (if any):



RECEIVED

