Submit 3 Copies To Appropriate District State of New Mexico Form C-103 Office June 19, 2008 Energy, Minerals and Natural Resources District I WELL API NO. 1625 N. French Dr., Hobbs, NM 88240 District II 30-045-35234 OIL CONSERVATION DIVISION 1301 W. Grand Ave., Artesia, NM 88210 5. Indicate Type of Lease District III 1220 South St. Francis Dr. STATE 🖂 FEE 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505 6. State Oil & Gas Lease No. District IV 1220 S. St. Francis Dr., Santa Fe, NM OG4070 87505 SUNDRY NOTICES AND REPORTS ON WELLS 7. Lease Name or Unit Agreement Name (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 Moncrief Com PROPOSALS.) 8. Well Number 1. Type of Well: Oil Well Gas Well 🕅 Other 101 2. Name of Operator 9. OGRID Number Dugan Production Corp. 006515 3. Address of Operator 10. Pool name or Wildcat P. O. Box 420, Farmington, NM 87499-0420 Basin Fruitland Coal 4. Well Location : 1210 feet from the South line and 710 feet from the East line Unit Letter Township 30N Range 13W NMPM Section San Juan County 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 5933' GL 12. 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 П **CHANGE PLANS** \Box COMMENCE DRILLING OPNS.□ P AND A PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB RCUD JAN 9'12 DOWNHOLE COMMINGLE OIL CONS. DIV. DIST. 3 OTHER: OTHER: Production Start Up 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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion. Well placed in production on 01/15/2012 @ 12:30pm **Tubing Pressure:** 15 Casing Pressure: 186 Initial mcf: 275 Sales meter: 94-843 Gas Transporter Enterprise Spud Date: Rig Release Date: I hereby certify that the information above is true and complete to the best of my knowledge and belief. Staci & Brooks TITLE Prod Acct Supervisor DATE 01/06/2012 SIGNATURE Type or print name __Staci E. Brooks_ E-mail address: _stacibrooks@duganproduction.com_ PHONE: _505-325-1821_ For State Use Only ACCEPTED FOR RECORL APPROVED BY: TITLE DATE Conditions of Approval (if any):