Submit 1 Copy To Appropriate District Office	State of New Mexico		Form C-103 October 13, 2009
<u>District I</u> 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources		WELL API NO.
District II 1301 W. Grand Ave., Artesia, NM 88210	OH CONCEDUATION DIVICION		30-045-34525
District III	1220 South St. Francis Dr.		5. Indicate Type of Lease STATE X FEE
1000 Rio Brazos Rd , Aztec, NM 87410 District IV	Santa Fe, NM 87505		6. State Oil & Gas Lease No.
1220 S St. Francis Dr., Santa Fe, NM 87505	20 S. St. Francis Dr., Santa Fe, NM		V-2364
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DITPEN OR PLUG BACK TO A DIFFERENT RESERVOIR—USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS)			7. Lease Name or Unit Agreement Name Roadrunner
1. Type of Well: Oil Well Gas Well X Other			8. Well Number 91
2. Name of Operator			9. OGRID Number 006515
Dugan Production Corp			10 Pollows Willer Police For Conf
3. Address of Operator P. O. Box 420, Farmington, NM 87499-0420			10. Pool name or Wildcat Basin Fr. Coal
4. Well Location			
Unit Letter O :1200 feet from the South line and 1850 feet from the East line			
Section 36 Township 24N Range 11W NMPM San Juan County			
11. Elevation (Show whether DR, RKB, RT, GR, etc.)			
	<u> </u>		
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
NOTICE OF IN	SSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK			
TEMPORARILY ABANDON			
DOWNHOLE COMMINGLE	MOETIFEE COMFE	CASINO/CEMEN	11 30B
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OTHER: OTHER: Production Start Up X 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.			
Well placed in production on	03/24/10 @ 11:30am		
Tubing Pressure: 1	50		
Casing Pressure:	41		
Later I C			RCVD APR 1 100
Initial mcf:	<u>6</u>		OIL CONS. DIV.
Sales Meter #: 862	<u>38</u>		
Gas Transporter: Entery	oris <u>e</u>		
,		Γ	
Spud Date:	Rig Release	Date:	
		<u>L</u>	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNATURE Stack.	Broks TITLE Proc	I. Acct. Supervisor	DATE_03/31/2010
Type or print name <u>Staci E. Brooks</u>	s E-mail address: _stac	ibrooks@duganprod	uction.com PHONE: _(505)325-1821
For State Use Only			
APPROVED BY: <u>accepted</u> fonditions of Approval (if any):	ou record TITLE		DATE
Conditions of Approval (if any):	// ×		