	Submit 3 Copies To Appropriate Dis State of New Mexico	FORM C-103	
	Office Energy, Minerals and Natural Resources	AMENDED October 13, 2009	
	1625 N. French Dr., Hobbs, NM 88240	WELL API NO.	
	District II 1301 W. Grand Ave., Artesia, NM 88210 OIL CONSERVATION DIVISION	30-045-35013	
	District III 1220 South St. Francis Dr.	5. Indicate Type of Lease STATE FEE X	
	District IV Santa Fe, NM 8/505	6. State Oil & Gas Lease No.	
	1220 S. St. Francis Dr., Santa Fe, NM 87505		
į	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	Federal I Com	
	PROPOSALS.)	8. Well Number 102 C	
	1. Type of Well: Oil Well Gas Well Other	102 3	
	2. Name of Operator Dugan Production Corp.	9. OGRID Number 6515	
	3. Address of Operator PO Box 420, Farmington, NM. 87499	10. Pool name or Wildcat	
		Harper Hill Fruitland Sand-PC/ Basin Fruitland Coal	
Ì	4. Well Location I Init Letter I . 2365 feet from the South line and 1.		
	Office Ected	220 feet from the East line	
	Section 12 Township 29N Range 14W 11. Elevation (Show whether DR, RKB, RT, GR, etc.)	NMPM County San Juan	
	5401 GL	Section 1987	
•			
	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 WORL	and the second s	
	TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRI		
	PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT	JOB	
	DOWNHOLE COMMINGLE		
	OTHER: OTHER:		
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.		
	Plan to set 20" of 20" X-42 conductor casing. Casing will be cemented to surface.		
		to surface.	
		RCVD OCT 28'10	
		OIL CONS. DIV.	
)	DIST. 3	
	-	10110	
•	Spud Date: Rig Release Date:		
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]	I hereby certify that the information above is true and complete to the best of my knowledge and belief. Replace 9/22/10 Form C-103		
	O (O) O Vina Provided		
9	SIGNATURE Wice President	DATE 10/27/2010	
î	Type or print have John Alexander E-mail address:	PHONE: 505-325-1821	
1	For State Line Only	DSDGotor MOV 4 - 22-	
i	APPROVED BY: 45 TITLE Conditions of Approval (if any):	DATE	
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