

to Appropriate  
District Office

1 File

Energy, Minerals and Natural Resources Department

Revised 1-1-89

1 Texaco Producing (Denver)

DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

# OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT II

P.O. Drawer DD, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO.

30 039 24199

5. Indicate Type of Lease

STATE ☐

FEE ☒

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 ☐

GAS  
WELL ☒

OTHER

2. Name of Operator

Dugan Production Corp.

3. Address of Operator

P.O. Box 420, Farmington, NM 87499

4. Well Location

Unit Letter F : 1650 Feet From The North Line and 1650 Feet From The West Line

Section 2 Township 23N Range 1W NMPM Rio Arriba County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

7. Lease Name or Unit Agreement Name

Laguna Colorado 2

8. Well No.

6

9. Pool name or Wildcat

W. Puerto Chiquito-Mancos

11. 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 ☐

AUG 1995

OTHER: ☐

### SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: Fracture Treatment ☒

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

Added perforations to Mancos (Gallup) as follows: 6456, 59, 69, 79, 83, 94, 99, 6505, 12, 33, 38, 43, 51, 6618, 28, 34, 63, 67, 73, 81, 94, 97, 6701, 06, 10, 14, 18, 24, 31. Fractured existing and new perforations with 126,180# 20/40 Arizona sand in 97,604 gals slick water. Return to production.

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

SIGNATURE

John Alexander

TITLE

Operations Manager

DATE

8/2/95

TYPE OR PRINT NAME

John Alexander

TELEPHONE NO.

(This space for State Use)

APPROVED BY

Original Signed by FRANK T. CHAVEZ

TITLE

Superintendent

DATE

Aug

1995

CONDITIONS OF APPROVAL, IF ANY: