Submit 3 Copies

Type of Well: MET | 2 Name of Operator

3. Address of Operator

Unit Letter \_

work) SEE RULE 1103.

## State of New Mexico Ene

Form C-103

County

San Juan

to Appropriate
District Office

## $\mathbf{O}$

Submit 3 Copies to Appropriate District Office	Energy, Minerals and Natural R		Revised 1-1-89			
DISTRICT I P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATION P.O. Box 20	88	WELL API NO. 30 045 29659			
DISTRICT II P.O. Drawer DD, Arlesia, NM 88210	Santa Fe, New Mexico	67304-2000	5. Indicate Type of Lease  STATE X FEE			
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410			6. State Oil & Gas Lease Na VA-1120			
SUNDRY NOT ( DO NOT USE THIS FORM FOR PRODIFFERENT RESERVED.)	7. Lease Name or Unit Agreement Name  McCartney					
I. Type of Well: OIL GAS WELL WELL WELL	OTHER					
Name of Operator Dugan Production Co	rp.		8. Well No. #1			
P. O. Box 420, Farm	ington, NM 87499-0420	(505) 325-1821	9. Pool name or Wildcat Bisti Chacra Ext.			
Well Location	90 Feet From The North	Line and825	Feet From The East Line			

NMPM

Section	*********	TOWNER OF THE ACTION OF THE AC	bathar	DE RKR RT GR etc.)		Y/////////////////////////////////////	///
	10. Elevation (Show whether DF, RKB, RT, GR, etc.) 6598 GR						
11. NOTICE C			icate l	Nature of Notice, Report, of SUBSEQUI	r Other I ENT RE	Data EPORT OF:	
PERFORM REMEDIAL WORK		PLUG AND ABANDON		REMEDIAL WORK		ALTERING CASING	
TEMPORARILY ABANDON		CHANGE PLANS		COMMENCE DRILLING OPNS.	F	PLUG AND ABANDONMENT	· [_]
PULL OR ALTER CASING			<b>С</b> Л	CASING TEST AND CEMENT JO OTHER: Well Test	вЦ		XX
OTHER:							
12. Describe Proposed or Complet	ed Operations (	(Clearly state all pertinent d	etails, an	d give pertinent dates, including estima	lea date of s	stanting any proposed	

Range

22N

9W

Tested well on 10/12/98 at 81 MCFD with 7 day shut-in pressure of 270 psi. Well is commercial producer.

and the second s

OIL COM. DIV.

I hereby certify that the information above in true and complete to the best of my provide	edge and belief.	
SIGNATURE John Clexande	mr Vice-President	October 21, 1998
TYPEOR PRINT NAME John Alexander		ты <del>стасме</del> мо. (505)325-1821
(This space for State Use)	DEPUTY OIL & GAS INSPECTOR, DIST. #3	OCT 0 0 4000
OPIGINAL SIGNED BY CHAPLIE T. PERPIN	TITLE	DATE 2 1998

TITLE .

CONDITIONS OF APPROVAL, IF ANY:

APPROVED BY-