3 NMOCD 1 File

State of New Mexico

Submit 3 Copies to Appropriate District Office	Energy, Minerals and Natural Resources Department OIL CONSERVATION DIVISION P.O. Box 2088		Form C-103 Revised 1-1-89
DISTRICT I P.O. Box 1980, Hobbs, NM 88240			WELL API NO.
DISTRICT II P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088		30-045-27712 5. Indicate Type of Lease	
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410			STATE XX FEE 6. State Oil & Gas Lease No. LG-8804
SUNDRY NOTICES AND REPORTS ON WELLS			- Ed-0804
(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.)			7. Lease Name or Unit Agreement Name Muppet
1. Type of Well: Oil (X) CAS WELL (X) WELL	отнеж	· · · · · · · · · · · · · · · · · · ·	, nappet
2. Name of Operator DUGAN PRODUCTION CORI	·.		8. Well No.
3. Address of Operator	-to- NM 07400		9. Pool name or Wildcat
P.O. Box 420, Farming Well Location	gton, NM 87499		Basin Fruitland Coal
Unit Letter N. : 790	Feet From The South	Line and1520	Feet From The West Line
Section 2	Township 24N R		NMPM San Juan County
	10. Elevation (Show whether 6678 GL	DF, RKB, KT, GR, etc.)	
ii. Check	Appropriate Box to Indicate	Nature of Notice, Re	eport, or Other Data
NOTICE OF IN			SEQUENT REPORT OF:
ERFORM REMEDIAL WORK	PLUG AND ABANDON X	REMEDIAL WORK	ALTERING CASING
EMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS. PLUG AND ABANDONMENT
ULL OR ALTER CASING		CASING TEST AND CE	MENT JOB
THER:		OTHER:	
 Describe Proposed or Completed Opera work) SEE RULE 1103. 	tio ns (Clearly state all pertinent details, a n	nd give pertinent dates, includ	ing estimated date of starting any proposed
and added wate	by filling the cas nt. The wellhead	t is intended ing full with	to dewater the Coal to plug and abandon 80 sks of class "B off and a dry hole
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			COH. DIW
hander confire that the information about in true	and complete to the heat of my broadedee and	haliaf	DIST. R

Gary Brink

DEPUTY GIL & GAS INSPECTOR, DIST. #3

Operations Manager

1/28/97

TELEPHONE NO.

CONDITIONS OF APPROVAL, IF ANY:

TYPE OR PRINT NAME