

Submit 3 Copies to Appropriate District Office
3 NMOCD
1 Conoco
1 File

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.
B-11571

7. Lease Name or Unit Agreement Name

Stella Needs a Com

8. Well No.

1

9. Pool name or Wildcat

Basin Dakota

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 K : 1650 Feet From The South Line and 1650 Feet From The West Line

Section 36

Township 30 North

Range 14 West

NMPM San Juan

County

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

5592' GL

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 ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

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.

Please cancel our request to plug back the Dakota and recomplete in the Basin Fruitland Coal as submitted on Form C-101 dated 8-22-90.

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

SIGNATURE

Jim L. Jacobs

TITLE

Vice-President

DATE 10-24-91

TYPE OR PRINT NAME

Jim L. Jacobs

TELEPHONE NO.

(This space for State Use)

Original Signed by FRANK T. CHAVEZ

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

OCT 25 1991

OCT 25 1991