

Submit 3 Copies
to Appropriate
District Office

3 NMOCD

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.

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

JUN 3 01992

Julander

2. Name of Operator

Dugan Production Corp.

3. Address of Operator

P.O. Box 420, Farmington, NM 87499

8. Well No.

2

9. Pool name or Wildcat

Fulcher Kutz PC

4. Well Location

Unit Letter L : 2320 Feet From The South Line and 330 Feet From The East Line

Section 33 Township 30 North Range 12 West NMPM San Juan County

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

5773' GL

11. 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 WORK ☐

ALTERING CASING ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

PULL OR ALTER CASING ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

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.

THIS PROCEDURE REPLACES SUNDRY APPROVED 5-5-82.

Plug with Class B + 6% gel as follows:

1. Perforate 7" casing 50' below Farmington Sand top @ 890' and spot 100' plug inside and outside. WOC & Tg.
2. Perforate casing 50' below Ojo Alamo @ 673' and spot 200 plug to cover top of Ojo Alamo.
3. Spot 50' plug surface plug.

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

SIGNATURE

John Alkandah

TITLE

Operations mgr

DATE

6-30-92

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

APPROVED BY

Original Signed by CHARLES GHOLSON

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: