Submit 3 Copies To Appropriate District Office	State of New Mexico				Form C-103
District I 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources			WELL API NO.	Revised March 25, 1999
District II	OIL CONSERVATION DIVISION			30-045-31210	
1301 W. Grand Ave., Artesia, NM 88210 District III	1220 South St. Francis Dr.			5. Indicate Type of	
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 87505			STATE [2]	FEE
<u>District IV</u> 1220 S. St. Francis Dr., Santa Fe, NM	,			LG-1917	as Lease 140.
87505 SUNDRY NOTIC	CES AND REPORTS ON	JWELLS		7 Lease Name or	Unit Agreement Name:
(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:	04 🗆		FEB 2003	Mesa	
Oil Well Gas Well 2. Name of Operator	Other		The second second	8.º₩ell No.	
DUGAN PRODUCTION CORP.		[5]	GILL DIV.	917	
3. Address of Operator		\(\frac{1}{2}\)	L	9. Pool name or V	
P.O. Box 420 Farmington, NM 87	499	- Yé		Basin Fruitland Co	oal
4. Well Location			2 21 11 5 13	Y	
Unit Letter P: 790	feet from the Sou	uth	line and1750)' feet from the	East line
	T 1: 2431	D	0777	NAMES OF T	
Section 16	Township 24N		ge 8W RRKRRT GR etc	NMPM San Juar	n County
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 6827'GL					
11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data					
NOTICE OF IN		_		SEQUENT RE	
PERFORM REMEDIAL WORK	PLUG AND ABANDON		REMEDIAL WOR	K 🗆	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DRI	LLING OPNS.□	PLUG AND ABANDONMENT
PULL OR ALTER CASING	MULTIPLE COMPLETION		CASING TEST AN	ND 🗆	
OTHER:			OTHER: Place	well in Production	\boxtimes
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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.					
WELL PLACED ON PRODUCTION AT 4:00 PM ON FEBRUARY 4, 2003.					
	r.				
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I hereby certify that the information above is true and complete to the best of my knowledge and belief.					
SIGNATURE Lanhartotile PRODUCTION ACCTG. SUPERVISOR DATE 2-26-03					
Type or print name LEANNA HA	ANHARDT		Tele	ephone No. (505)	325-1821
(This space for State use)	1		EPUTY OIL & GAS II		
APPPROVED BY Chenk 72 Conditions of approval, if any:			EPULT OIL & GAS II		DATE