

Submit Copy to Appropriate District
Office
District I
1625 N French Dr., Hobbs, NM 88240
District II
1301 W Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S St Francis Dr., Santa Fe, NM
87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-105
October 13, 2009

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO. 30-045-35243
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. V-7770
7. Lease Name or Unit Agreement Name Susana Com
8. Well Number # 1
9. OGRID Number 006515
10. Pool name or Wildcat Basin Fruitland Coal (71629)

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. (505) 325-1821

3. Address of Operator
P.O. Box 420, Farmington, NM 87499-0420

4. Well Location
Unit Letter D : 790 feet from the FNL line and 1200 feet from the FWL line
Section 02 Township 21N Range 08W NMPM County San Juan

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
6700' GL

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

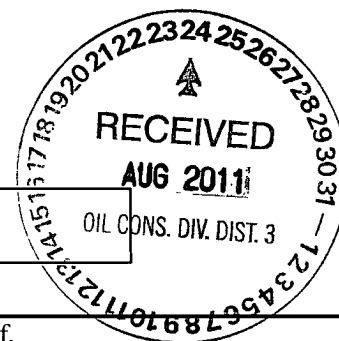
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: <input checked="" type="checkbox"/> Swab	

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Swab well on 8/19/2011. Check shut-in casing at 130 psi. Found initial fluid at 780'. Swab and recovered 3 bw with gas too small to measure.

Spud Date:

Rig Release Date:



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

SIGNATURE

John C. Alexander

TITLE: Vice-President

DATE: 08/21/2011

Type or print name

John C. Alexander

E-mail address:

johnalexander@duganproduction.com

PHONE: 505-325-1821

For State Use Only

Deputy Oil & Gas Inspector,

District #3

APPROVED BY:

[Signature]

TITLE

DATE 8/25/11

Conditions of Approval (if any):

AV