| Submit One Copy To Appropriate District Office                        | State of New Mexico   |                                   |                                   | Form C-103                     |
|---|---|-----------------------------------|-----------------------------------|--------------------------------|
| District I  | Energy, Minerals and Natu                                       | iral Resources                    | WELL API NO.                      | Revised August 1, 2011         |
| 1625 N. French Dr., Hobbs, NM 88240<br>District II                    |   |                                   | 30-045-26077                      |                                |
| 811 S. First St., Grand Ave., Artesia, NM                             | S. First St., Grand Ave., Artesia, NM OIL CONSERVATION DIVISION |                                   | 5. Indicate Type of I             | ease                           |
| 88210 1220 South St. Francis Dr.                                      |   | STATE                             | FEE 🖂                             |                                |
| 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505               |   | 6. State Oil & Gas L              |                                   |                                |
| District IV<br>1220 S. St. Francis Dr., Santa Fe, NM                  |   |                                   |                                   |                                |
| 87505   |   |                                   |                                   |                                |
| (DO NOT USE THIS FORM FOR PROPOSAL DIFFERENT RESERVOIR. USE "APPLICAT |   | UG BACK TO A                      | 7. Lease Name or U<br>Monte Carlo | nit Agreement Name             |
| PROPOSALS.) 1. Type of Well: □Oil Well ☑ Gas Well □ Other             |   |                                   | 8. Well Number 2                  |                                |
| 2. Name of Operator   |   |                                   | 9. OGRID Number                   |                                |
| Dugan Production Corp.  |   | 006515                            |                                   |                                |
| 3. Address of Operator  |   | 10. Pool name or Wildcat          |                                   |                                |
| P O Box 420, Farmington, NM 87499-0420                                |   | Wildcat Gallup                    |                                   |                                |
| 4. Well Location  |   |                                   | RC                                | DFER 19114                     |
| Unit Letter M: 800 feet fr  | rom the South line and 910 feet f                               | rom the West line                 | (Marin)<br>Permit                 | ANS JĪV.                       |
| Section 24 Township 30  | N Range 15W NMPM San J  | uan County NM                     |                                   | VIJI. 0                        |
|   | 1. Elevation (Show whether DR                                   | , RKB, RT, GR, etc.               |                                   |                                |
| 5   | 3365' GL  | , , , , ,                         |                                   |                                |
| 12. Check Appropriate Box to In                                       | ndicate Nature of Notice, R                                     | eport or Other D                  | ata                               |                                |
| 1   |   | 1                                 |                                   |                                |
| NOTICE OF INTE  |   | 1                                 | SEQUENT REPO                      |                                |
| PERFORM REMEDIAL WORK   PLUG AND ABANDON   REMEDIAL WOR               |   |                                   | TERING CASING   '                 |                                |
| _   | CHANGE PLANS DOMMENCE DRI                                       |                                   |                                   | AND A                          |
| PULL OR ALTER CASING   N  | MULTIPLE COMPL  | CASING/CEMEN                      | T JOB 🔲                           |                                |
| OTHER:  |   | N Location is a                   |                                   | ff D0 A                        |
| All pits have been remediated in co                                   | mpliance with OCD rules and t                                   | he terms of the One               | eady for OCD inspect              | locure plan                    |
| Rat hole and cellar have been filled                                  |   |                                   |                                   | iosure piuri.                  |
| A steel marker at least 4" in diamet                                  |   |                                   |                                   | ę                              |
|   | ection for final abandonment. Equ                               |                                   |                                   |                                |
|   | to compress and treat natural gas.                              |                                   |                                   |                                |
|   | nent equipment cannot be relocated                              |                                   |                                   |                                |
| ODEDATOD NAME LEACEN  | IARAE SVELL SHIRADEN ADVSH                                      | MADED OLLADTED                    | AOUADTED LOCATIO                  | N OD HAUT I DTTED              |
| SECTION, TOWNSHIP, AND I  | IAME, WELL NUMBER, API NU<br>RANGE. All INFORMATION H           | JMIBER, QUARTER<br>AS REEN WELDER | QUARTER LOCATION OF PERMANENTLY   | STAMPED ON THE                 |
| MARKER'S SURFACE.   |   | NO NOB. I WEED EL                 | ORTERINA INC.                     | STANIA ED OIT THE              |
| The location has been leveled as no                                   | early as possible to original grou                              | and contour and has               | been cleared of all jun           | k, trash, flow lines and       |
| other production equipment.   |   |                                   |                                   |                                |
| Anchors, dead men, tie downs and                                      |   |                                   |                                   | 12 12                          |
| If this is a one-well lease or last ren                               |   |                                   |                                   |                                |
| OCD rules and the terms of the Operato from lease and well location.  | or s pit permit and closure plan.                               | All flow lines, proc              | iuction equipment and             | junk nave been removed         |
| All metal bolts and other materials l                                 | have been removed. Portable ba                                  | ises have been remo               | oved (Poured onsite co            | ncrete bases do not have       |
| to be removed.)   | i chiacie ce  |                                   | vieu. (1 ourea onome eo           | noroto ouses do not have       |
| All other environmental concerns I                                    | have been addressed as per OCI                                  | rules.                            |                                   |                                |
| Pipelines and flow lines have been                                    |   |                                   | . All fluids have been            | removed from non-              |
| retrieved flow lines and pipelines.                                   |   |                                   |                                   |                                |
| ·   |   |                                   |                                   |                                |
| When all work has been completed, retu                                | irn this form to the appropriate I                              | District office to sch            | edule an inspection.              |                                |
| SIGNATURE DAY (6)   | I LA MALL TITLE   |                                   | DA                                | ATE                            |
| 700   | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~                          |                                   |                                   |                                |
| TYPE OR PRINT NAME  | ·   |                                   | =                                 |                                |
| ·   | E-MAIL:   | Anuty Oil 8. G                    | PHO                               | ONE:                           |
| For State Use Only  | E-MAIL:   | eputy Oil & G                     | as Inspector,                     |                                |
| ·   | E-MAIL:  TITLE  PV  | Peputy Oil & G<br>Distric         | as Inspector,<br>ct #3            | ONE:<br>DATE <i>ZEEPS-ZO</i> , |