Submit 3 Copies To Appropriate District Office	State of New Mexico			Form C-103
District I	Energy, Minerals and Natural Resources		WELL API NO.	March 4, 2004
1625 N. French Dr., Hobbs, NM 88240 District II		30-045-33927		
1301 W. Grand Ave., Artesia, NM 88210			5. Indicate Type of L	ease
District III 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.		STATE 🖂	FEE
District IV Santa Fe, NIVI 87505		6. State Oil & Gas Le	ase No.	
1220 S. St. Francis Dr., Santa Fe, NM 87505			B-11571	
SUNDRY NOTICES AND REPORTS ON WELLS			7. Lease Name or Un	it 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.)	ATION FOR PERMIT" (FORM C-101	) FOR SUCH	Sponge Bob SWD	
1. Type of Well:			8. Well Number	
Oil Well Gas Well Other SWD			1	
2. Name of Operator			9. OGRID Number	
Dugan Production Corp.			006515	
3. Address of Operator  P. O. Roy 420. Farmington NIM. 87400 0420			10. Pool name or Wil	,
P. O. Box 420, Farmington, NM 87499-0420  4. Well Location			SWD; Morrison Bluff	Entrada
4. Well Location				
Unit Letter K: 2	300 feet from the South	line and 1810	feet from the Wes	t line
		<u> </u>		
Section 36 Towns	hip 30N Range 14V	V NMPM	San Juan County	
	11. Elevation (Show whether	DR, RKB, RT, GR, etc.		
Pit or Below-grade Tank Application (For		08' GL		
Pit Location: ULSectTwp				t frach water wall
				i ii esii watei wen
Distance from nearest surface water		LSectIW	);	
feet from theline and	ieet from theine			
	•			
12. Check A	ppropriate Box to Indicate	Nature of Notice,	Report or Other Da	ta
NOTICE OF IN			SEQUENT REPO	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WOR	K 🗆 AL	TERING CASING 🗌
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DR	ILLING OPNS.□ PL	JG AND □
TEIM OF WILLIAM DON	OF MICE ! BING	OOMMENGE BIX		ANDONMENT
PULL OR ALTER CASING	MULTIPLE	CASING TEST A	ND 🗆	
	COMPLETION	CEMENT JOB		
OTHER:		OTHER: Comm	enced Injection	$\boxtimes$
13. Describe proposed or comple	eted operations (Clearly state			
	rk). SEE RULE 1103. For Mu			
or recompletion.	,	1 1	J	
				POND MOVEO, OF THE
Injection commenced 11/21/2006.				OIL CONS. DIV.
				DIST. 3
I hereby certify that the information a	above is true and complete to th	e best of my knowledg	e and belief. I further ce	rtify that any pit or below-
grade tank has been/will be constructed or e	losed according to NMOCD guidelin	es 🔲, a general permit 🗋	or an (attached) alternative	OCD-approved plan □.
$\sim$ // . (4)				
CICNIATIDE II - 1400 I W	LA A A A CAL TITLE	17! Door -! 14	DATE N. I	20. 2007
SIGNATURE JOHN CE	LEYANDEN TITLE	Vice-President	DATENovember	28, 2006
SIGNATURE John C. Alexand				
Type or print name John C. Alexand				
Type or print name John C. Alexand				
79	der E-mail address: johncal		ction.com Telephone N	