Submit 3 Copies To Appropriate District Form C-103 State of New Mexico Office June 19, 2008 Energy, Minerals and Natural Resources District I WELL API NO. 1625 N French Dr., Hobbs, NM 88240 District II 30-045-34693 OIL CONSERVATION DIVISION 1301 W Grand Ave, Artesia, NM 88210 5. Indicate Type of Lease District III 1220 South St. Francis Dr. STATE 🖂 FEE 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505 6. State Oil & Gas Lease No. District IV 1220 S St Francis Dr , Santa Fe, NM VA-1119 87505 SUNDRY NOTICES AND REPORTS ON WELLS 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 Cochran 8. Well Number 1. Type of Well: Oil Well Gas Well Other 3 2. Name of Operator 9: OGRID Number Dugan Production Corp. 006515 10. Pool name or Wildcat 3. Address of Operator P. O. Box 420, Farmington, NM 87499-0420 Basin Fruitland Coal 4. Well Location : 1195 feet from the South line and 1380 feet from the East line Unit Letter Township 22N Range 8W NMPM San Juan Section 16 County 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 6643' GL 12. 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 □ COMMENCE DRILLING OPNS. P AND A **TEMPORARILY ABANDON** \Box **CHANGE PLANS** \Box П MULTIPLE COMPL CASING/CEMENT JOB PULL OR ALTER CASING DOWNHOLE COMMINGLE OTHER: Production Start Up \boxtimes OTHER: 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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion. Well placed in production on 10/28/09 @ 3:45pm **ECO MOU 3 79 Tubing Pressure:** 45 OIL COMS. DIV. Casing Pressure: DIST. 3 Initial mcf: 0 Sales meter: 3049 Gas Transporter Enterprise Spud Date: Rig Release Date: I hereby certify that the information above is true and complete to the best of my knowledge and belief. Stace E. Brooks TITLE Prod Acct Supervisor : DATE Type or print name Staci E. Brooks E-mail address: stacibrooks@duganproduction.com PHONE: 505-325-1821 For State Use Only Deputy Oil & Gas Inspector, DATE NOV 0 4 2009 APPROVED BY: Celly G. **TITLE** District #3 Conditions of Approval (if any):

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