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OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

5a. Indicate Type of Lease

State ☒

Fee ☐

5. State Oil & Gas Lease No.

LG-5685

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. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-	7. Unit Agreement Name
2. Name of Operator DUGAN PRODUCTION CORP.	8. Farm or Lease Name March On
3. Address of Operator P.O. Box 420, Farmington, NM 87499	9. Well No. 1
4. Location of Well UNIT LETTER <u>F</u> <u>1720</u> FEET FROM THE <u>North</u> LINE AND <u>1910</u> FEET FROM THE <u>West</u> LINE, SECTION <u>32</u> TOWNSHIP <u>24N</u> RANGE <u>9W</u> NMPM.	10. Field and Pool, or Wildcat Bisti Lower Gallup Ext.
15. Elevation (Show whether DF, RT, GR, etc.) 6802' GL	12. County San Juan

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

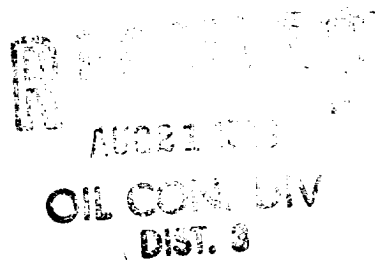
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOB <input type="checkbox"/>	See Below <input checked="" type="checkbox"/>

7. 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.

The reserve pit has been filled and the pit area reseeded.



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

SIGNED BY Jim L. Jacobs

TITLE Geologist

DATE 8-18-89

APPROVED BY Original Signed by FRANK T. CHAVEZ

TITLE SUPERVISOR DISTRICT 9

DATE AUG 21 1989

CONDITIONS OF APPROVAL, IF ANY: