## State of New Mexico

Energy, Minerals and Natural Resources Department

Form C-103

Submit 3 Copies to Appropriate District Office

## OIL CONSERVATION DIVISION

Revised 1-1-89

P.O. Box 1980, Hobbs, NM 882	WELL API NO. 30 045 05621					
P.O. Box 2088  P.O. Box 2088  Santa Fe, New Mexico 87504-2088  P.O. Drawer DD, Artesia, NM 88210				5. Indicate Type of Lease  STATE FEE  FEE		
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410				6. State Oil & Gas Lease No. E 4500 3		
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.				7. Lease Name or Unit Agreement Name West Bisti Unit		
	MET OYS	OTHER	: !			
2. Name of Operator				8. Well No.		
Dugan Product	ion Corp.		<del>-(,</del>	9. Pool name or W	/ildcat	
3. Address of Operator	The second secon	- 07.400 0420 - 07.400 0420		Bisti Gal		
P. U. BOX 420	, Farmington, NM	87499-0420		DISCE GO	T COLO	
Unit LetterF	: 1980 Feet From Th			80 Feet From		Line
Section 36	Township 10. El	26N R evalion (Show whether	ange 13W DF, RKB, RT, GR, etc.)	NMPM San C	V/////////////////////////////////////	County
		GL			<u> </u>	
11. NOTICE	Check Appropriate I OF INTENTION TO		Nature of Notice, R	Report, or Other RSEQUENT R	Data EPORT OF:	
PERFORM REMEDIAL WORK	K PLUG AND	ABANDON X	REMEDIAL WORK		ALTERING CASING	<u></u>
TEMPORARILY ABANDON	CHANGE F	PLANS	COMMENCE DRILLING	G OPNS.	PLUG AND ABAND	CONMENT L
PULL OR ALTER CASING			CASING TEST AND C	EMENT JOB		
OTHER:	<u>,</u>		OTHER:			
12. Describe Proposed or Compwork) SEE RULE 1103.	Plan to plug well as 1. Set cast iron bridg plug on top of plug. 2. Perforate 50' beloand outside product 3. Perforate 50' beloand outside product 4. Perforate 50' beloand outside product perforation and circoutside.  Plugging to be done	follows: ge plug 50' about the second	top (1955'). Spot (50'). Spot Clover Pictured Cliffs (218'). Pump Clark. Leaving production	Class B cement wand Fruitland (Sass B cement wass B cement was B	0' Class B cem with 4% gel in ith 4% gel insi 905') tops ith 4% gel thro	ent side de ough
I hereby certify that the information	n above is true and complete to the	best of my knowledge at	d belief.	lont	DATE _7/16/	/97
SIONATURE	a Ciliya	<u>/////////</u> т	mrVice-Presid	lenc		
TYPE OR PRINT NAME	John Alexander				TELEPHONE NO. 3	>25-1821
(This space for State Use)  APPROVED BY  CONDITIONS OF APPROVAL, IP AN	ns Robinse	<u>~1</u>	DEPUTY OHL & GAS	INSPECTOR DIST.	DATE	18 1997
COMPLEMENT OF METERS AND A	•					