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U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Free <input type="checkbox"/>
5. State Oil & Gas Lease No. E-1200
7. Unit Agreement Name
8. Farm or Lease Name Farming D Com
9. Well No. 1
10. Field and Pool, or Wildcat So. Blanco P.C.
12. County San Juan

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.)

GIL WELL ☐ GAS WELL ☒ OTHER ☐

Name of Operator
DUGAN PRODUCTION CORP.

Address of Operator
P O Box 208, Farmington, NM 87401

Location of Well
M 845 South 790
UNIT LETTER M FEET FROM THE LINE AND FEET FROM
West 2 27N 9W
THE LINE, SECTION TOWNSHIP RANGE NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)
6232' D.F.

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

FORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input checked="" type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input checked="" type="checkbox"/>
REPAIR OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	

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.

Well plugged and abandoned in the following manner:

Spotted 12 sk cement plug 2080-1980'. (14 cf)
Shot off 5½" casing at 1382' and pulled casing.
Spotted 20 sk cement plug 1432-1332', 50' inside & 50' outside casing stub. (24 cf)
Spotted 38 sk cement plug 1250-1210'. (45 cf)
Spotted 29 sk cement plug 210-110'. (34 cf)
Installed dry hole marker.
Location cleaned and pits filled.

Well abandoned 4-27-83.

RECEIVED
OIL CON. DIV.
DIST. 2

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

DATE 5-5-83 TITLE Geologist NAME Jim L. Jacobs

DATE 5-9-83 TITLE REPORT NAME

CONDITIONS OF APPROVAL, IF ANY: