

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.

5. Indicate Type of Lease

STATE ☐FEE ☒

6. State Oil & Gas Lease No.

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. Type of Well:

OIL
WELL ☐GAS
WELL ☒

OTHER

2. Name of Operator

Dugan Production Corp

3. Address of Operator

P.O. Box 420, Farmington, NM 87499

4. Well Location

Unit Letter J : 1650 Feet From The South Line and 1450 Feet From The East LineSection 8

Township

29N

Range

14W

NMPM

San Juan

County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

5277' GL

7. Lease Name or Unit Agreement Name

Sterling

8. Well No.

2

9. Pool name or Wildcat

Twin Mounds FR Sand PC

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐PLUG AND ABANDON ☒TEMPORARILY ABANDON ☐CHANGE PLANS ☐PULL OR ALTER CASING ☐OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐CASING TEST AND CEMENT JOB ☐OTHER: ☐

12. 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.

Plug by pumping 20 cu. ft. Class B + 6% gel down 2-7/8" casing to
fill completely.

RECEIVED
JUN 30 1992
OIL CON. DIV.
DIST. 3

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

SIGNATURE John Alexander TITLE Operations Manager DATE 6/30/92TYPE OR PRINT NAME John Alexander TELEPHONE NO. 505-325-1821

(This space for State Use)

APPROVED BY Original Signed by CHARLES GHOLSON TITLE Assistant Secretary DATE 6/30/92

CONDITIONS OF APPROVAL, IF ANY: