DISTRICTI 1 Conoco

OIL CONSERVATION DIVISION

WELL API NO.

F.O. BOX 1980, HOODE, NM 88240	P.O. Box 208		30-045-24265	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexico	87504-2088	5. Indicate Type of Lease STATE X	FEE [
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410			6. State Oil & Gas Lease No.	
SLINDRY NOTICE	S AND REPORTS ON WEL	I.S.		
(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	:
1. Type of Well: Oil GAS WELL WELL X	OTHER		Stella Needs A Com	
2. Name of Operator			8. Well Na	~ -~-
Dugan Production Corp.			1E	
3. Address of Operator D. O. Poyr 420. Engine to an	NN 07400		9. Pool name or Wildcat	
P.O. Box 420, Farmington 4. Well Location	, NM 87499		Basin Dakota	
Unit Letter D : 790_	Feet From The North	Line and79	O Feet From The West	Line
Section 36 11. Check App	Township 30N Ra 10. Elevation (Show whether 5539 GL propriate Box to Indicate 1	DF, RKB, RT, GR, etc.)	NMPM San Juan eport, or Other Data	County
NOTICE OF INTER	NTION TO:	SUB	SEQUENT REPORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS. PLUG AND ABANDA	ONMENT 🗌
PULL OR ALTER CASING		CASING TEST AND CE	MENT JOB	
OTHER:		OTHER:		[]
12. Describe Proposed or Completed Operations work) SEE RULE 1103.	(Clearly state all pertinent details, an	d give pertinent dates, includ	ing estimated date of starting any proposed	
•	g Class B + 6% ge	l plugs as fo	llows:	
1. 100' plug a	cross Dakota top	@ 5799.		
2. 100' plug across Gallup top @ 4950.			CILCUIA	
3. 100' plug across Mesa Verde top @ 2752'.			0:57.	3
4. 315' plug t top @ 1190.	o cover Pictured	Cliffs top @	1205' and Fruitland	
5. 100' plug a	cross casing shoe	@ 226'.		
6. 50' surface	plug.			
I hereby certify that the information above is true and	-	belief.		
SIGNATURE John Alexan	A m	, Operations Ma	nager DATE 6/	30/92
TYTE OR PRINT HAME John Ale	xander		TELEPHONE NO.	
(This space for State Use)				
Original Signed by	CHARLES GHOLSON TIM	· · · · · · · · · · · · · · · · · · ·	DATE	· .
CONDITIONS OF APPROVAL IF ANY:	THE THIRD SEN	<u> </u>	DAIL	
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