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to Appropriate
District Office

3 NMOCD 1 File

State of New Mexico
Energy, Minerals and Natural Resources Department

1 Celsius, Den

1 Celsius, SLC

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 APNO.
30-045-26077

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 M : 800 Feet From The South Line and 910 Feet From The West Line

Section 24 Township 20N Range 15W NMPM San Juan County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
5321' GR

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: Complete Additional Zone ☒

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.

Plan to set bridge plug to isolate existing Dakota interval.
Perforate Gallup with 1 JSPF in gross interval 4523-4997 (42
total holes). Evaluate Gallup production and possibly stimulate.
If Gallup production is economic, application will be made to
commingle with Dakota. If Gallup not economic, interval will be
abandoned and well returned to Dakota producer.

RECEIVED

AUG 31 1990

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 8-29-90
TYPE OR PRINT NAME John Alexander TELEPHONE NO.

(This space for State Use)

APPROVED BY Original Signed by FRANK T. CHAVEZ TITLE SUPERVISOR DISTRICT # 3 DATE AUG 31 1990
CONDITIONS OF APPROVAL, IF ANY: