### STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

| we, er cares accerse | T |  |
|----------------------|---|--|
| DISTRIBUTION         |   |  |
| SANTA FE             |   |  |
| FILE                 |   |  |
| U.S.O.S.             |   |  |
| LAND OFFICE          |   |  |
| OPERATOR             | T |  |

## 1 File 3 NMOCD

| Form  | C- | 103 |     |
|-------|----|-----|-----|
| Revis | ed | 19- | 1-7 |

| 00:00:00:00             |                  | <del></del>                                      | 0.2 00113             |   | CHOI DIVISION  |  |
|-------------------------|------------------|--|-----------------------|---|--|--|
| DISTRIBUTI              | ON               |  | F                     | Form C-103                              |  |  |
| SANTA FE                |                  |  | SANTA F               | E. NEV                                  | MEXICO 87501   | Revised 10-1-1   |
| FILE                    |                  |  |                       |   | / MEXICO 87301   | /  |
| U.S.O.S.                |                  | <del>     </del>                                 | •                     |   |  | 5a. Indicate Type of Lease   |
|                         | <del></del>      | +  |                       |   |  | State Fee X  |
| LAND OFFICE             |                  | <del>                                     </del> |                       |   |  | <u></u>  |
| OPERATOR                |                  | لــــــــــــــــــــــــــــــــــــــ          |                       |   |  | 5. State Oil & Gas Lease No.   |
|                         |                  |  |                       |   |  | <u> </u>   |
|                         | 511              |  |                       |   |  | mmmmmmk  |
| IDO NOT USE TI          | SU               | NURY NOTIC                                       | CES AND REPO          | RTS ON                                  | WELLS  |  |
| (00 401 032 11          | USE "APP         | LICATION FOR PE                                  | AMIT -" IFORM C-10    | 1) FOR SU                               | SACE TO A DIFFERENT RESERVOIR.<br>IN PROPOSALS.)   |  |
| ī.                      |                  |  |                       |   |  | 7. Unit Agreement Name   |
| 01L                     | WELL X           | ł  |                       |   |  |  |
| were L                  | MELL LA          | OTHER  | •                     |   |  | 4  |
| . Name of Operator      |                  |  |                       |   |  | 8. Farm or Lease Name  |
| DUC                     | AN PR            | ODUCTIO  | N CORP.               |   |  | Barcelona  |
|                         |                  |  |                       |   |  |  |
| . Address of Operator   |                  |  |                       |   |  | 9. Well No.  |
| PO                      | Box 20           | <b>)8, Farmin</b>                                | igton, NM 87          | /499                                    |  | 1 1  |
|                         |                  | <del></del>                                      | <del></del>           |   | <del></del>  |  |
| i. Location of Well     | _                | 40-0   |                       |   |  | 10. Field and Pool, or Wildcat   |
|                         | F                | 1850   |                       | North                                   | 1850   | Wildcat PC   |
| UNIT LETTER             | <del></del> •    |  | FEET FROM THE         |   | LINE AND PEET FRO  | ······································   |
| 141                     |                  | 22   |                       | 30N                                     | 1 = 111  | MINIMINI   |
| Wes                     | τ                | 23   |                       | 2014                                    | 15 <b>W</b>  |  |
| THE                     | LINE, S          | ECTION   | TOWHSHIP.             |   | RANGENMPN  | ~(////////////////////////////////////   |
|                         |                  |  |                       |   |  |  |
|                         | //////           | <i>VIIIII</i>                                    | 15. Elevation (Show   | v whether                               | DF, RT, GR, etc.)  | 12. County   |
|                         | //////           | <i>///////</i>                                   | 5                     | 265' G                                  | L *  | San Juan   |
|                         | 777777           | <i>7777777</i> 7                                 | <u> </u>              |   |  |  |
| 6.                      | Che              | ck Anneanri                                      | ate Boy To Ind        | icate N                                 | ature of Notice, Report or O   | that Data  |
|                         |                  |  |                       | icate i                                 | atme of Notice, Report of O  | ther Data  |
| , N                     | OTICE O          | F INTENTIO                                       | N TO:                 |   | , <b>S</b> ubsequen  | IT REPORT OF:  |
|                         | •                |  |                       |   |  |  |
|                         |                  |  | •                     | Г Т                                     | ·  |  |
| PERFORM REMEDIAL WOR    | <b>™</b> <u></u> | •  | PLUG AND ABAH         | 00N                                     | REMEDIAL WORK  | ALTERING CASING  |
| TEMPORARILY ABAHDON     |                  |  |                       | ļ                                       | COMMENCE DRILLING OPHS.  | PLUG AND ABANDONMENT   |
|                         | <b>)</b> —       |  |                       |   | <del>                                     </del>   | TOO AND ADAMOUNTAL   |
| PULL OR ALTER CABING    |                  |  | CHANGE PLANS          |   | CASING TEST AND CEMENT JOB   |  |
| ·                       |                  |  |                       | ł                                       | OTHER Correction of El   | levation X   |
|                         |                  |  |                       |   |  |  |
| OTRE                    |                  |  |                       | —- LJ                                   |  |  |
|                         |                  |  | <del> </del>          |   |  |  |
| 7. Describe Proposed    | or Complete      | od Operations (C                                 | learly state all pert | inent deto                              | ils, and give pertinent dates, includin  | g estimated date of starting any proposed  |
| work) SEE RULE 1        | 103.             |  |                       |   |  |  |
|                         |                  |  |                       |   |  |  |
|                         |                  |  |                       |   |  |  |
|                         |                  |  |                       |   |  |  |
| At:                     | tached           | please find                                      | d a revised C         | -102 f                                  | or the subject well chang  | ging the   |
|                         |                  |  | GL to 5265' (         |   | . ,  | , 5  |
| CiC                     | vacion           | 110111 3303                                      | GE 10 3203 V          | J L                                     |  |  |
|                         |                  |  |                       |   |  |  |
|                         |                  |  |                       |   |  |  |
|                         |                  |  |                       |   |  |  |
|                         |                  |  |                       |   |  |  |
|                         |                  |  |                       |   |  |  |
|                         |                  |  |                       |   |  |  |
|                         |                  |  |                       |   | - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1  |  |
|                         |                  |  |                       |   | · · · · · · · · · · · · · · · · · · ·  | The state of the s |
|                         |                  |  |                       |   | ्री है है के कार्य की है।<br>है के रो  |  |
|                         |                  |  |                       |   | ر الله الله الله الله الله الله الله الل   |  |
|                         |                  |  |                       |   | DOTOO  | A CO. C.   |
| *in                     | dicates          | change   |                       |   | OCT291:  | ゔ <b>るし</b>  |
|                         |                  | <b>J</b> ,                                       |                       |   |  |  |
|                         |                  |  |                       |   | GIL CON.   | DIV  |
|                         |                  | ,  |                       |   | Comment of the second of the s | DIA.   |
|                         |                  |  |                       |   | DIST. 3  |  |
|                         |                  |  | •                     |   | . 5.5,1  |  |
|                         |                  |  |                       |   |  |  |
|                         |                  |  |                       |   |  | , / <b>200</b> 6   |
|                         |                  |  |                       |   |  |  |
|                         |                  |  |                       |   |  |  |
|                         |                  |  |                       |   |  |  |
| . I hereby certify that | the informat     | llon above la tri                                | e and complete to !   | he best of                              | my knowledge and belief.   | · · · · · · · · · · · · · · · · · · ·  |
| $\sim$                  |                  |  |                       |   |  |  |
| ( ) . ( )               |                  |  |                       |   |  |  |
| / for 1 V               | سمد              | Jim L  | Jacobs                | _                                       | Geologist  | 10-27-86   |
| HED / 1 / /             |                  |  | 7171                  |   |  | DATE   |
|                         |                  |  |                       |   |  | MOV 4 0 1000   |
| ORIGINÍA                | RIGNED           | BY ERNIE BUS                                     | SCH:                  | DEBUT                                   | V OH & GAS INSPECTOR DIST #2   | NOV 19 1986  |
| Orthor Co.              |                  |  | -                     | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | TIME P CORE INFORMATION DICT US  | - · · · · ·  |

DEPUTY OIL & GAS INSPECTOR, DIST. #3

#### OIL CONSERVATION DIVISION

#### STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

# P. O. BOX 2088 \* SANT'A FE, NEW MEXICO 87501

Form C-102 Revised 10-1-78

All distances must be from the outer boundaries of the Section.

| Detailor Lease  |                                      |                      |                       |                       | Well No. |  |   |  |
|---|--------------------------------------|----------------------|-----------------------|-----------------------|----------|--|---|--|
| Dugan Producti  | gan Production Corporation Barcelona |                      |                       |                       |          |  |   | 1  |
|   | 23                                   | Township<br>30 North | Rong<br>1             | •<br>5 West           | County   | Juan                                     |   |  |
| Actual Postage Location   |                                      |                      |                       |                       |          | •  |   | <del></del>  |
| 1050  |                                      | lorth line and       | 1850                  | feet                  | from the | West                                     | ,   | lne  |
| Ground Level Elev.  | Producing Form                       |                      | Poul                  |                       |          |  |   | led Acreage:   |
| 5265'   | I                                    | ured Cliffs          | 1                     | Wildcat               |          |  |   | 160 Acres  |
| <del></del>   |                                      |                      | ell by col            |                       | hachure  | marks on th                              | e plat  |  |
| <ol> <li>Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.</li> <li>If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).</li> <li>If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consoli-</li> </ol>                                    |                                      |                      |                       |                       |          |  |   |  |
| Yes No If answer is "yes;" type of consolidation  If answer is "no;" list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.)  No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Division. |                                      |                      |                       |                       |          |  |   |  |
|   |                                      |                      | 1                     |                       |          |  | CERTI   | FICATION   |
|   | 18-                                  | 50'                  | ;<br>1<br>1<br>1<br>1 |                       |          | toined here best of my                   | ein Is tri<br>knowled<br>J  | at the Information con-<br>ue and complete to the<br>lige and belief.  |
| 1850  | Dugan Pro<br>IFee Lease              |                      | 1                     |                       |          | Jim L.  Position  Geolog  Company  Dugan | ist   | uction Corp.   |
|   | 1                                    | SEC. 23              | · [                   |                       | i        | 10-27-8                                  | 6   |  |
|   |                                      |                      |                       | CI 2 9 1986<br>CON. D | 4        | showed on a                              | cruel59 upervision occorrected by but occorrected by but occorrected 28, olession | on, and that the same  To the best of my  assessment in the same  1986 |
| 330 440 80 1  | 220 1050 1080                        | 2310 2040 2000       | 1500                  | 1000 800              | ===      | Edgar Certificate No Edgar L.            | 59  | nhoover, L.S.  |