

Submit 3 Copies
to Appropriate
District Office

3 NMOCD 1 File State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-133
Revised 1-1-39

DISTRICT I
P.O. Box 1930, Hobbs, NM 83240

DISTRICT II
P.O. Drawer DD, Artesia, NM 83210

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

OIL CONSERVATION DIVISION
P.O. Box 2083
Santa Fe, New Mexico 87504-2083

WELL API NO.	845-26749
5. Indicate Type of Lease	STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name	Barcelona
8. Well No.	1
9. Pool name or Wildcat	Wildcat PC
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	5265' GL

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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	2. Name of Operator Dugan Production Corp.
3. Address of Operator P.O. Box 420, Farmington, NM 87499	4. Well Location Unit Letter F : 1850 Feet From The North Line and 1850 Feet From The West Line Section 23 Township 30N Range 15W NMPM San Juan County

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input checked="" type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <input type="checkbox"/>

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.

Plugged well as follows:

Pump 35 cu. ft. class "G" cement down casing. Final pressure 600 psi. Job complete 11/3/97.

RECEIVED
NOV 19 1997

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 Vice-President DATE 11-18-97
TYPE OR PRINT NAME John Alexander TELEPHONE NO. _____

(This space for State Use)

APPROVED BY Johnny Robinson TITLE DEPUTY OIL & GAS INSPECTOR, DIST. #3 DATE NOV 19 1997
CONDITIONS OF APPROVAL, IF ANY: