Submit 3 Copies To Appropriate District State of New Mexico Form C-103 Office Revised March 25, 1999 Energy, Minerals and Natural Resources District I WELL API NO. 1625 N. French Dr., Hobbs, NM 88240 30-045-28003 District II OIL CONSERVATION DIVISION 811 South First, Artesia, NM 88210 5. Indicate Type of Lease 2040 South Pacheco District III STATE  $\square$ FEE 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505 State Oil & Gas Lease No. District IV 2040 South Pacheco, Santa Fe, NM 87505 7. Lease Name or Unit Agreement Name: 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) FO PROPOSALS.) 1. Type of Well: Sly Slav Oil Well Gas Well Other 8. Well No. Name of Operator #3 Dugan Production Corp. Pool name or Wildcat Address of Operator Basin Fruitland Coal P.O. Box 420 Farmington, NM Well Location Unit Letter N: 1,250 feet from the South line and 1,800 feet from the West Township 30N Range 15W County San Juan Section 10. Elevation (Show whether DR, RKB, RT, GR, etc.) 5.315' GL 11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: ALTERING CASING REMEDIAL WORK PERFORM REMEDIAL WORK PLUG AND ABANDON COMMENCE DRILLING OPNS. PLUG AND TEMPORARILY ABANDON CHANGE PLANS **ABANDONMENT** CASING TEST AND MULTIPLE PULL OR ALTER CASING **CEMENT JOB** COMPLETION Completion OTHER: 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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation. 1. Pressure test casing 3,000 psi. 2. Run GR-CCL-CNL. Perforate Fruitland Coal 515'-520' & 642'-653' with 2 shots/ft. (36 shots for 18 ft.) Breakdown with 200 gal. 15% HCl followed by Frac 20,000# 20/40 sand in 18,000 gal. 70 quality foam containing 30# linear gel. 5. Job complete 12/14/2001. I hereby certify that the information above is true and complete to the best of my knowledge and belief. DATE 12/20/2001 TITLE SIGNATURE Telephone No. (505) 325-1821 Terry Kochis Type or print name (This space for State use) DEC 24 2001

TITLE

APPPROVED BY

Conditions of approval, if any:

BE A SAS INSPECTOR BIG. :