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Submit 3 Copies To Appropriate District	Copies To Appropriate District State of New Mexico			/	Form C-103
Otfice District I	Energy, Minerals	and Natu	ral Resources	WELL API NO.	Revised March 25, 1999
1625 N. French Dr., Hobbs, NM 88240 District II	OH CONCERNATION DIVISION			30 045 30577	
811 South First, Artesia, NM 88210	OIL CONSERVATION DIVISION			5. Indicate Type o	f Lease
District III 1000 Rio Brazos Rd., Aztec, NM 87410	2040 South Pacheco Santa Fe. NM 87505			STATE \Box	FEE X
District IV	Santa Fe. INM 87303			6. State Oil & Ga	is Lease No.
2040 South Pacheco, Santa Fe, NM 87505	EG DEPORTS ON	LWELLC		7 Lease Name or	Unit Agreement Name:
SUNDRY NOTIC (DO NOT USE THIS FORM FOR PROPOSA DIFFERENT RESERVOIR. USE "APPLICA PROPOSALS.)	ES AND REPORTS ON ALS TO DRILL OR TO DEEP ATION FOR PERMIT" (FORM	EN OR PLU	JG BACK TO A	7. Lease Name of	Omt Agreement Name:
1. Type of Well:					1
Oil Well Gas Well Lyl Other				8. Well No.	
 Name of Operator Dugan Production Corp. 				90	
3 Address of Operator				9. Pool name or Wildcat	
p. O. Box 420, Farming	gton, NM 87499-0	0420		Basin Fruitl	and Coal
4. Well Location					
Unit Letter 0 :	660 feet from the	South	line and <u>1</u>	.980 feet from	the <u>East</u> line
Section 26	Township		inge 14W	NMPM	County San Juan
	10. Elevation (Show w	hether Di 560' GL			
11 Check Ar	propriate Box to Inc	licate Na	ature of Notice,	Report or Other D)ata
NOTICE OF INT	FNTION TO:		SUB	SEQUENT REF	ORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON		REMEDIAL WOR	к 🗆	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DRI	ILLING OPNS. 🗌	PLUG AND
	MULTIPLE		CASING TEST A	ND 🗆	ABANDONMENT
PULL OR ALTER CASING L	COMPLETION		CEMENT JOB		
OTHER:			OTHER: Su	rface casing/s	pud
12. Describe proposed or completed of starting any proposed work). or recompilation.	d operations. (Clearly st SEE RULE 1103. For 1	ate all per Multiple (tinent details, and g Completions: Attac	give pertinent dates, i h wellbore diagram o	nctuding estimated date of proposed completion
Spud on 3/14/01. Set 59 cu ft Class "B" wit Pressure test casing a	th 3% Calcium Chl	loride.	Circulate 2	nd @ 125'. Ce bbls cement t	ment with o surface.
				R.s.	
					and all
I hereby certify that the information	L Z was and compl	ara to the	hest of my knowled	lge and be fiel. // or o	C Laren
I hereby certify that the intermation	above is true and compa	ete to the	ocst of my monitor	THE COUNTY OF THE PARTY OF THE	المستعملية
SIGNATURE SUDVI	me_	TITLE_	Engineer		DATE March 23, 20
Type or print name Terry	y Kochis	<u> </u>		Telepi	hone No. 325-1821_
(This space for State use)	La y Tra (1) 25 Shifting cons	Section			MAR 27 2001
APPPROVED BY	Transit of Education	_TITLE_	**	•	_DATE
Conditions of approval, if any:					