

Submit 3 Copies to Appropriate District Office 3 NMOC D 1 File

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

DISTRICT I 1 Williams Prod  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II 2-Griffin  
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 API NO.

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

LG-0038

7. Lease Name or Unit Agreement Name

State Com

8. Well No.

2

9. Pool name or Wildcat

Blanco Mesaverde

**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 G : 1850' Feet From The North Line and 1730 Feet From The East Line

Section 16 Township 32N Range 12W NMPM San Juan County

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

6025' KB; 6013' GL

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: Repair Casing ☒

**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.

A hole has been located at 3910' in the 4½" production casing. Plan to cement down casing with 65-35 Poz + 12% gel followed with 118 cu. ft. Class B. Light cement plus tail volume calculated to circulate cement to surface.

**RECEIVED**  
MAR 9 1992  
**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 3-6-92  
John Alexander

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

APPROVED BY Charles Wilson DEPUTY OIL & GAS INSPECTOR, DIST. #3 DATE MAR 09 1992

CONDITIONS OF APPROVAL, IF ANY:

OFFICE OF  
THE ATTORNEY GENERAL  
STATE OF NEW YORK  
ALBANY

IN SENATE, JANUARY 12, 1909.