Submit 3 Copies 3 NMOCD to Appropriate 1 File Energy, Mine	State of New Me rals and Natural Re	sources Department		Form C- Revised 1	
District Office 1 F116					
DISTRICTI 1 Williams ProcOIL CONST-RVATION DIVISION P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088			WELL API NO.		
DISTRICT II 2-Griffin Santa Fe, New Mexico 87504-2088 P.O. Drawer DD, Artesia, NM 88210			5. Indicate Type	of Lesse STATE X	FEE 🗌
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410			6. State Oil & G		FEE [_]
	SORTO OLIVEI	1.0	LG-0038		
SUNDRY NOTICES AND RE (DO NOT USE THIS FORM FOR PROPOSALS TO DE DIFFERENT RESERVOIR. USE "AP (FORM C-101) FOR SUCH	RILL OR TO DEEPEN : PLICATION FOR PER	OR PLUG BACK TO A	7. Lease Name o	r Unit Agreement Name	
1. Type of Well: Ol. GAS WELL WELL X	OTHER		State Co	m .	
2. Name of Operator			& Well No.		
DUGAN PRODUCTION CORP. 3. Address of Operator			9. Pool name or Wildcat		
P.O. Box 420, Farmington, NM 87499			Blanco Mesaverde		
4. Well Location Unit Letter G: 1850' Feet From Tr	North	Line and 1730) Feet From	m The East	Line
	0011	1 211	•		
Section 16 Township	32N Ran	age 12W p DF, RKB, RT, GR, etc.)	nmpm San	Juan 	County 7///////
<i>{////////////////////////////////////</i>	6025' KB;	6013' GL		<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>	
11. Check Appropriate I					
NOTICE OF INTENTION TO): 	SUB	SEQUENT F	REPORT OF:	
PERFORM REMEDIAL WORK PLUG AND	ABANDON 🔲	REMEDIAL WORK		ALTERING CASING	L
TEMPORARILY ABANDON CHANGE F	PLANS	COMMENCE DRILLING	OPNS.	PLUG AND ABANDO	THEMK
PULL OR ALTER CASING		CASING TEST AND CE	MENT JOB		•
OTHER: Repair Casing	X	OTHER:	·	·	C
12. Describe Proposed or Completed Operations (Clearly state	all persinent details, and	d give pertinent dates, includ	ing estimated date of	of starting any proposed	
wort) SEE RULE 1103.					
A hole has been located	at 3910' i	n the 4%" pro	duction c	casing.	
Plan to cement down cas: 118 cu. ft. Class B. Li	ing with 65	-35 Poz + 128 nlus tail vo	gel foll	lowed with	
circulate cement to sur		prub curr ve	rumo ouro	Juliuccu CO	
				~ 2 21 K (A)	
			REC		ı
			UM MAD	9 18 92	
			OIL C	ow. biv.	····
I hereby certify that the information above is true and complete to the b				gr.(12년 - 1 년 -	
SIGNATURE John Reyander	mu	Operations	Manager	DATE3-6-	92
U John Alexander				TELEPHONE NO.	
(This space for State Use)					
Original Signed by CHARLES GHOLSON	•	EPITY OIL & GAS INSI	PECTOR, DIST. #	' MAR O	19 19 92

APPROVED BY-

CONDITIONS OF APPROVAL, IF ANY:

ALED RO HAM

· 自己加州省的《新美丽·生产》

新冠的原则 电影响 电影响 医多种形成形