

Submit 1 Copy To Appropriate District Office
District I - (575) 393-6161
1625 N. French Dr., Hobbs, NM 88240
District II - (575) 748-1283
811 S. First St., Artesia, NM 88210
District III - (505) 334-6178
1000 Rio Brazos Rd., Aztec, NM 87410
District IV - (505) 476-3460
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
HOBBS OGD, Minerals and Natural Resources
AUG 24 2012
RECEIVED
CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-103
Revised August 1, 2011

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.)		WELL API NO. 30-005-10531
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <u>Water Injection Well</u>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Dugan Production Corp.		6. State Oil & Gas Lease No. OG-1062
3. Address of Operator P O Box 420, Farmington, NM 87499-0420		7. Lease Name or Unit Agreement Name KM Chaveroo SA Unit
4. Well Location Unit Letter <u>P</u> : <u>990</u> feet from the <u>South</u> line and <u>990</u> feet from the <u>East</u> line Section 2 Township 8S Range 33E NMPM Chaves County		8. Well Number 113
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4347' GL		9. OGRID Number 006515
		10. Pool name or Wildcat

12. 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"/>
DOWNHOLE COMMINGLE <input type="checkbox"/>	P AND A <input type="checkbox"/>
OTHER: Mechanical Integrity Test <input checked="" type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>
	OTHER: <input type="checkbox"/>

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19:15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

We intend to pressure test the well to perform an MIT test in compliance with NMOCD guidelines. A copy of the pressure chart will be attached with the subsequent report.

Wellbore schematic is attached.

Spud Date:

Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Aliph Reena TITLE Production Engineer DATE 8/23/12

Type or print name Aliph Reena E-mail address: aliph.reena@duganproduction.com PHONE: 505-325-1821

For State Use Only

APPROVED BY: [Signature] TITLE Dist. Mgr DATE 8-28-2012
Conditions of Approval (if any)

AUG 28 2012

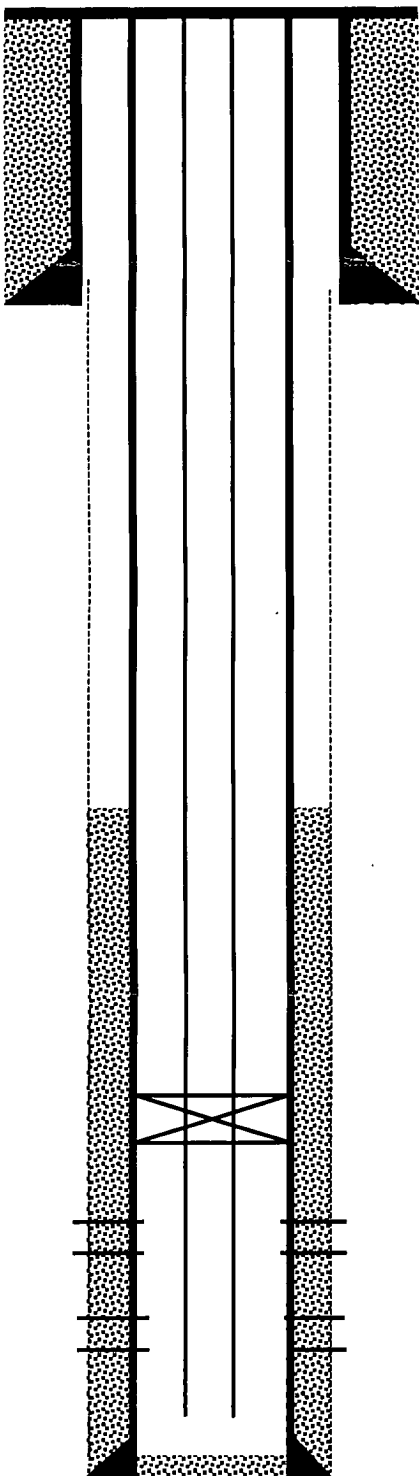
Wellbore Schematic

K M Chaveroo SA 113, San Anders

300-05-10531

990' FSL & 990' FEL,

S2 T8S R33E



8 5/8" J-55 24# casing @ 401.

Packer set @ 4153'

San Anders Perforated @
4241'-4275' & 4292'-4336'

2-3/8" tubing.
End of Tubing @ 4323'

5 1/2" 14 # casing @ 4340'. PBTD @ 4338'