

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
 Energy, Minerals and Natural Resources

Form C-103
 Revised August 1, 2011

HOBBS OGD
AUG 15 2016
RECEIVED

OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

WELL API NO. 30-005-10524
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. OG-1062
7. Lease Name or Unit Agreement Name KM Chaveroo SA Unit ✓
8. Well Number 110 ✓
9. OGRID Number 006515 ✓
10. Pool name or Wildcat Chaveroo (San Andres) ✓
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4375' GL

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 Water Injection Well

2. Name of Operator
Dugan Production Corp. ✓

3. Address of Operator
P O Box 420, Farmington, NM 87499-0420

4. Well Location
 Unit Letter N : 990 feet from the South line and 1980 feet from the West line
 Section 2 Township 8S Range 33E NMPM Chaves County

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"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: MIT & Return to Injection <input checked="" 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.

Conducted MIT test on 7/5/2016. Pressure test casing to 400 psi for 30 mins. End pressure 390 psi. MIT passed. OCD witnessed test and signed chart. Well returned to injection on 7/7/16. Please see the pressure chart 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 Ima M. Zeil TITLE Vice-President DATE 8/12/16

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

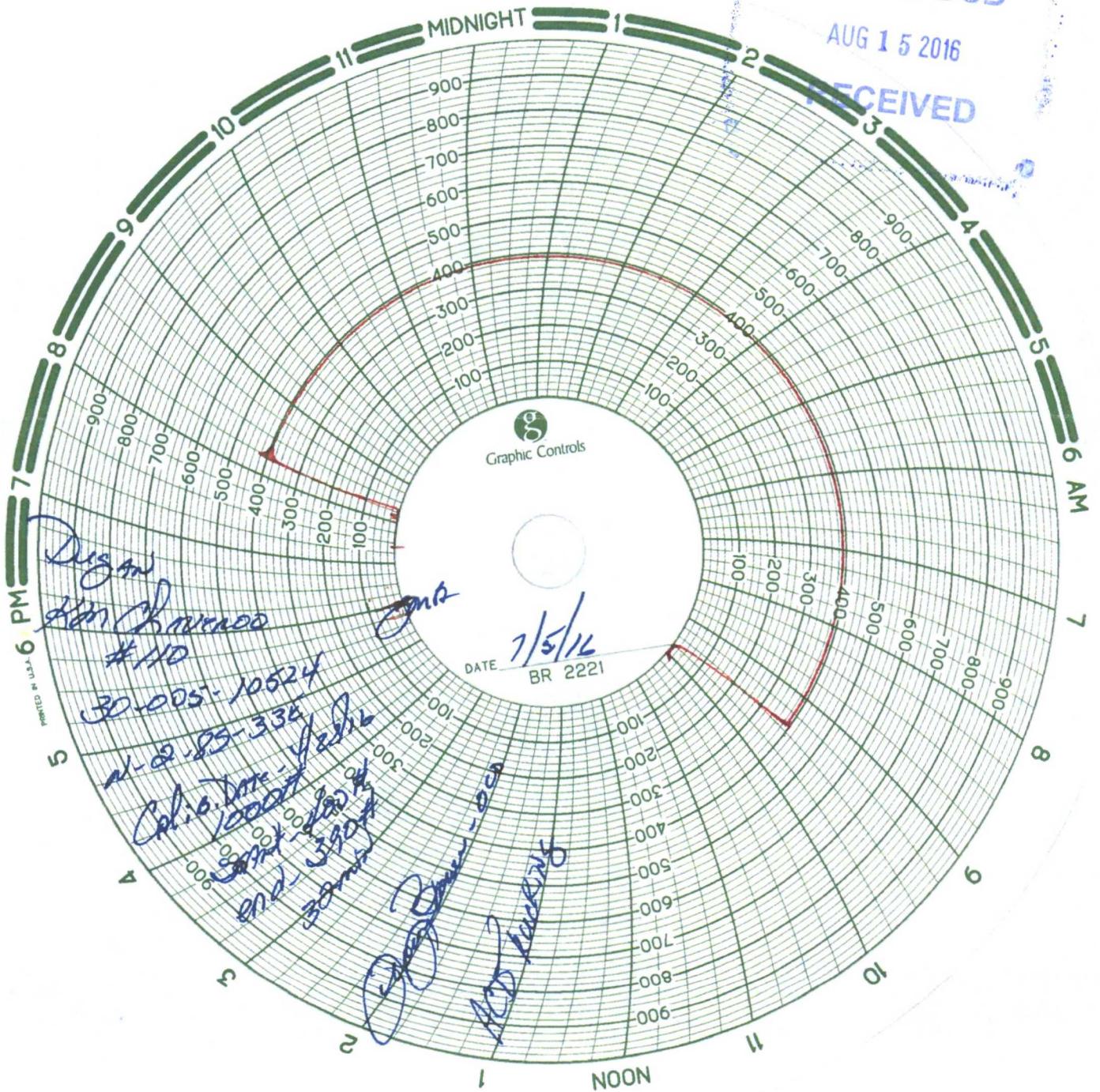
For State Use Only

APPROVED BY: Maley Brown TITLE Dist. Supervisor DATE 8/15/2016
 Conditions of Approval (if any):

HOBBS OCD

AUG 15 2016

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Dugan
 Ken Chirwood
 #110

30-005-10524

W-2-85-338

Cal. O.D.M. - 12/16
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END

DATE 7/5/16
 BR 2221

END
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NOV 15 2016