Submit 3 Copies Fine	State of New M	exico lesources Department	File	Porm C-103 Revised 1-1-89
lo Appropriate			i Pennant F	et.
DISTRICT I P.O. Box 1980, 11 566s, NM 88240	L CONSERVATION P.O. Box 20	BBM V I	WELL API NO. 30-005-1044	6
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexico	83504-20 % MAY 2000	Indicate Type of L	
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	4	O RECEIVED	Sale Oil & Gas La	
	AND DEDORTS ON WA	OILOCN. DIV		
(DO NOT USE THIS FORM FOR PROPOS	AND REPORTS ON WE ALS TO DRILL OR TO DEEPEI . USE "APPLICATION FOR PE FOR SUCH PROPOSALS.)		7. Lease Name or Un KM Chaverox	
I. Type of Well: Ost	Wate one Inje	r ection Well*		
2 Name of Operator			8. Well No. 1.1	
Dugan Production Corp. 1 Address of Operator			9. Pool name or Wild * Chaveroo (
P.O. Box 420, Farmington	n, NM 87499			
4. Well Location Unit Letter D : 660 I	feet From The North	Line and660	Fed From T	west Line
	89 1	33E	NMPM Cha	aves County
Section 2	10. Elevation (Show whether	r DF, RKB, RT, GR, etc.)		
	438	Nation of Notice R	eport or Other I	2/////////////////////////////////////
11. Check Appr	opriate Box to Indicate	Natime of Notice, R	SEQUENT RE	PORT OF:
NOTICE OF INTEN				TERING CASING
PERFORM REMEDIAL WORK	PLUG AND ABANDON L	REMEDIAL WORK		LUG AND ABANDONMENT
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING		LUG ANU ABANDONMEN
PULL OR ALTER CASING		CASING TEST AND CI	EMENT JOB L	_
Change plans	X	•		
12. Describe Proposed or Completed Operations (work) SEE RULE 1103.	Clearty state all pertinent details,	and give persinent dates, inclu	iding estimated date of st	arting any proposed
			no This well is p	eart of a
Temporary abandor	illy Prichard with NMO	och in Hobbs NM	The operator ha	as been
plan requested by B	illy Prichard with NMC 00 to complete a plan o	f disposition for all	wells within this	unit.
given until 5/3 1/200	of to complete a plan o			
Thereby certify that the information above is proc and	complete to the best of my knowledge a	od baid. Vica-nreside	ent.	DATE 5/9/2000
SIGNATURE JOHN GILL	yanar.	Wice-preside		телерноме но. 325-1821
TYPEOR PROTINAME John Alexan	der			TELEPHONE NO.
(This space for State Use)				All Same
V— 12		me		_ DATE
APPROVED BY		-		
S CONDITIONS OF APPROVAL, IF ANY:				