3 NMOCD (Hobbs) State of New Mexico Forms C-103 Submit 3 Copies 1 File Minerals and Natural Resources Department Ene Revised 1-1-89 to Appropriate District Office 1 Pennant Pet. OIL CONSERVATION DIVISION DISTRICT WELL API NO. 2.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088 30-005-10465 Santa Fe, New Mexico 87504-2088 DISTRICTLI 5. Indicate Type of Lease P.O. Drawer DD, Artesia, NM 88210 STATE X FEE DISTRICT III 6. State Oil & Gas Lease No. 1000 Rio Brazos Rd., Aztec, NM 87410 K-527 SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) KM Chaveroo SA Unit 1. Type of Well: Water METT [OTHER *Injection Well & Well No. 2. Name of Operator 34 Dugan Production Corp. 9. Pool name or Wildcat Address of Operator 87499 *Chaveroo (San Andres) P.O. Box 420, Farmington, NM 4. Well Location Unit Letter D: 660 Feet From The North Line and 660 Feet From The West tip 8S Range 33E 10. Elevation (Show whether DF, RKB, RT, GR, etc.) Chaves County **NMPM** Township 8S 4351' RKB Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: ALTERING CASING PLUG AND ABANDON REMEDIAL WORK PERFORM REMEDIAL WORK PLUG AND ABANDONMENT COMMENCE DRILLING OPNS. TEMPORARILY ABANDON CHANGE PLANS CASING TEST AND CEMENT JOB **PULL OR ALTER CASING** OTHER: Mechanical Integrity Test 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. Well No. 34 was pressure tested to 500 psi for 30 minutes in compliance with OCD guidelines and witnessed by Mr. Billy Prichard, NMOCD. The original pressure chart is with OCD representative. Tested ok. The well is equipped with plastic coated tubing and tension packer set @ 4,144'. This Approval/of Taxogramy 9/26/2005 Abandonicant Expf. I hereby certify that the information above is true angl.complete to the best of my knowledge and belief. 9/13/00 Engineer SIGNATURE . **TELEPHONE NO.** (505)325-182Terry Kochis TYPE OR PRINT NAME (This space for State Use) 2000 DATE TITLE APPROVED BY-CONDITIONS OF AFFROVAL, IF ANY:



