

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

3 NMOCD (Hobbs) Form C-103  
1 File Revised 1-1-89  
1 Pennant Pet.

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

|                                                                                                     |
|-----------------------------------------------------------------------------------------------------|
| WELL API NO.<br>30-005-10465                                                                        |
| 5. Indicate Type of Lease<br>STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No.<br>K-527                                                               |
| 7. Lease Name or Unit Agreement Name<br>KM Chaveroo SA Unit                                         |
| 8. Well No.<br>34                                                                                   |
| 9. Pool name or Wildcat<br>*Chaveroo (San Andres)                                                   |
| 10. Elevation (Show whether DF, RKB, RT, GR, etc.)<br>4351' RKB                                     |

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:<br>OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Water<br>*Injection Well | 2. Name of Operator<br>Dugan Production Corp.                                                                                                                                                                         |
| 3. Address of Operator<br>P.O. Box 420, Farmington, NM 87499                                                                                               | 4. Well Location<br>Unit Letter <u>D</u> : <u>660</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>West</u> Line<br>Section <u>1</u> Township <u>8S</u> Range <u>33E</u> NMPM <u>Chaves</u> County |
| 10. Elevation (Show whether DF, RKB, RT, GR, etc.)<br>4351' RKB                                                                                            |                                                                                                                                                                                                                       |

|                                                                               |                                                      |
|-------------------------------------------------------------------------------|------------------------------------------------------|
| 11. 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 checked="" type="checkbox"/>                       | ALTERING CASING <input type="checkbox"/>             |
| PULL OR ALTER CASING <input type="checkbox"/>                                 | COMMENCE DRILLING OPNS. <input type="checkbox"/>     |
| OTHER: <input type="checkbox"/>                                               | PLUG AND ABANDONMENT <input type="checkbox"/>        |
|                                                                               | CASING TEST AND CEMENT JOB <input type="checkbox"/>  |
|                                                                               | OTHER: <u>TA</u> <input checked="" type="checkbox"/> |

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.

It is requested that this water injection well be temporarily abandoned effective March 23, 1995.

Well No. 34 was pressure tested to 415 psig for 15 minutes in compliance with OCD guidelines and witnessed by Mr. Lyle Turnacliiff, NMOCD. A copy of the pressure chart is on the reverse side of this sundry.

The well is equipped with plastic coated tubing and tension packer set at 4144 feet.

This Approval of Temporary  
Abandonment Expires 5-1-2000

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

SIGNATURE Jim L. Jacobs TITLE Vice-President DATE 5/5/95  
TYPE OR PRINT NAME Jim L. Jacobs TELEPHONE NO. 505-325-1821

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

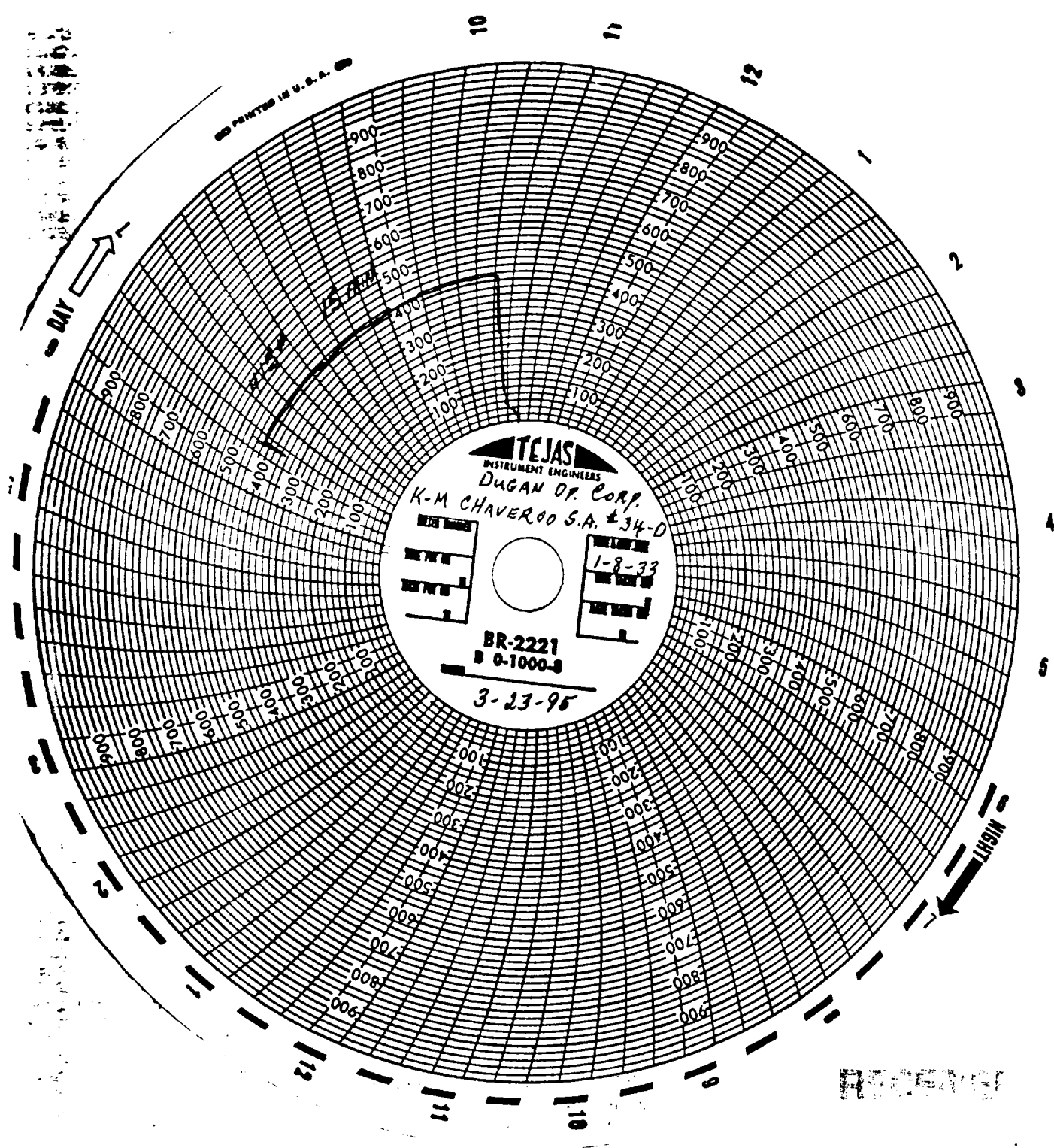
APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

MAY 11 1995

TSPB

JP



RECEIVED

OFFICE