

Submit 3 Copies
to Appropriate
District Office

DISTRICT I
P.O. Box 1989, Hobbs, NM 88240

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

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

MAY 2000
RECEIVED
OIL CON. DIV
DIST. 3

WELL API NO.

30-005-10468

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

OG-1062

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.)

7. Lease Name or Unit Agreement Name

KM Chaveroo SA Unit

1. Type of Well:
OIL WELL ☐

GAS WELL ☐

OTHER

Water Injection Well*

2. Name of Operator

Dugan Production Corp.

8. Well No.

14

3. Address of Operator

P.O. Box 420, Farmington, NM 87499

9. Pool name or Wildcat

*Chaveroo (San Andres)

4. Well Location

Unit Letter F : 1980 Feet From The North Line and 1980 Feet From The West Line

Section 2

Township 8S

Range 33E

NMPM

Chaves

County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

4373' RKB

11.

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: Complete plans ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

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.

Temporary abandonment of this well was granted until 5/1/2000. This well is part of a plan requested by Billy Prichard with NMOC in Hobbs, NM. The operator has been given until 5/31/2000 to complete a plan of disposition for all wells within this unit.

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

SIGNATURE

John Alexander

TITLE

Vice-president

DATE 5/9/2000

TYPE OR PRINT NAME

John Alexander

TELEPHONE NO. 325-1821

(This space for State Use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: