

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

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

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

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

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

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

WELL API NO. 30-005-10505
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
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.)

1. Type of Well:  
OIL WELL ☐ GAS WELL ☐ OTHER Injection Well\*

2. Name of Operator  
Dugan Production Corp.

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

4. Well Location  
Unit Letter L : 1980 Feet From The South Line and 660 Feet From The West Line  
Section 2 Township 8S Range 33E NMPM Chaves County

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

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: Convert to Oil Well ☒

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.

- 1.) Release Model AD-1 Tension Packer and TOH with tubing and packer.
- 2.) TIH with 2-3/8" SN and production tubing. Land SN at approximately 4300'.
- 3.) TIH with 2" x 1 1/2" x 12' RWBC insert pump and combination 3/4-5/8" sucker rod string.
- 4.) Install pumping unit & return well to production.
- 5.) File well test.

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 7/20/93  
TYPE OR PRINT NAME Jim L. Jacobs TELEPHONE NO.

(This space for State Use)

Orig. Signed by  
Paul Kautz  
Geologist

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE JUL 23 1993

CONDITIONS OF APPROVAL, IF ANY: