Submit 1 Copy To Appropriate District State of New Mexico OCD Received 9/16/2020 Office District District Office District District Office District	Form C-103 wised July 18, 2013
1625 N. French Dr., Hobbs, NM 88240 WELL API NO.	vised July 10, 2015
District II - (575) 748-1283 OIL CONSERVATION DIVISION 30-045-35852	
District III – (505) 334-6178 1220 South St. Francis Dr.	FEE
District IV - (505) 476-3460 Santa Fe, NM 87505 6. State Oil & Gas Lease	
1220 S. St. Francis Dr., Santa Fe, NM 87505 VA-2965	
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 SUCH7. Lease Name or Unit A PGA UnitPGA Unit	greement Name
PROPOSALS.)   1. Type of Well: Oil Well   Gas Well   Øther   8. Well Number     24R	
2. Name of Operator     9. OGRID Number	
Dugan Production Corp.0065153. Address of Operator10. Pool name or Wildcate	
PO Box 420, Farmington, NM 87499 Ballard Pictured Cliffs	
4. Well Location	
Unit Letter I : 1903 feet from the South line and 664 feet from the East line	
Section 2 Township 23N Range 11W NMPM Rio Arriba County	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 6609' GL	
0009 GL	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO: SUBSEQUENT REPORT	
TEMPORARILY ABANDON       CHANGE PLANS       COMMENCE DRILLING OPNS.       P AND         PULL OR ALTER CASING       MULTIPLE COMPL       CASING/CEMENT JOB       P	A LI
DOWNHOLE COMMINGLE	
CLOSED-LOOP SYSTEM	_
OTHER:         APD Extension         OTHER:           13.         Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, includition)	
of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore d proposed completion or recompletion.	
Dugan Production Corp. requests an extension of the approved APD which expires 9/28/20.	
Last Extension approval 9/28/2021	
Spud Date: Rig Release Date:	
bereby certify that the information above is true and complete to the best of my knowledge and belief	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.  SIGNATURE June DATE September 15	5, 2020
SIGNATURE Jun M. Ici TITLE Engineering Supervisor DATE September 15 Type or print none Aliph Reena E-mail address: aliph.reena@duganproduction.com PHONE: 505-325-1821	5, 2020
SIGNATURE Jun . Jei TITLE Engineering Supervisor DATE September 15 Type or print name Aliph Reena E-mail address: aliph.reena@duganproduction.com PHONE: 505-325-1821 For State Use Only	<u>5, 2020</u>
SIGNATURE Jun Title Engineering Supervisor DATE September 15 Type or print none Aliph Reena E-mail address: aliph.reena@duganproduction.com PHONE: 505-325-1821 For State Use Only	5, 2020 
SIGNATURE       Jun M. feil       TITLE       Engineering Supervisor       DATE_September 15         Type or print name       Aliph Reena       E-mail address:       aliph.reena@duganproduction.com       PHONE:       505-325-1821         For State Use Only       TITLE_Data Compliance Manager       DATE_11	-