<u> </u>	State of New Mexico Energy, Minerals and Natural Resources Department			Form C-103 Revised 1-1-89
Submit 3 Copies to Appropriate District Office		/		N. C.
DISTRICT I P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATION P.O. Box 2088	3 /	WELL API NO. 30-039	9-24574
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexico 8	37504-2088	5. Indicate Type of Lease STA	TE X FEE
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410			6. State Oil & Gas Lease No E-120	7-1
(DO NOT USE THIS FORM FOR PR	ICES AND REPORTS ON WELL OPOSALS TO DRILL OR TO DEEPEN OR RVOIR. USE "APPLICATION FOR PER C-101) FOR SUCH PROPOSALS.)	JA PLUG BACK 10 A	7. Lease Name or Unit Agre	ement Name
1. Type of Well: OIL GAS WELL X WELL	OTHER		STATE	2
	Inc. c/o Daggett & Chena	ult, Inc.	8. Well No.	
2 Address of Operator	te. 7B, Farmington, NM 8		9. Pool name or Wildcat Counslors Gall	up Dakota Ext.
	24 Feet From The South		Feet From The	West Line
Unit Letter :			NMPM Rio Arriba	County
Section 2 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 6713 GR				
Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:				
NOTICE OF IN		SUE	SEQUENT REPOR	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK		NG CASING U
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLIN		NO ABANDONMENT
PULL OR ALTER CASING		CASING TEST AND C		
OTHER: EXTEND Permi		0111211		
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 to be drilled to penetrate the Gallup Formation. All producing intervals in the Gallup will be stimulated as necessary.				
(This is for extension only, original Application for Permit to Drill is on file).				
AUG2 4 1990				
		OIL	CON. DIV.	
I hereby certify that the information spove is	true and complete to the best of my knowledge and	Agent, Bar	nnon Energy	8/23/90
SIGNATURE JUNEAT S	Janson II	TLE		326-1772

TELEPHONE NO. Robert S. Larson TYPE OR PRINT NAME

(This space for State Use) TILE SUFERVISOR DISTRICT #3

DATE AUG 2 4 1990

CONDITIONS OF APPROVAL, IF ANY: