Submit 3 Copies 3 NMOCD to Appropriate District Office 1 File

CONDITIONS OF APPROVAL, IF ANY:

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

DISTRICT I P.O. Box 1980, Hobbs, NM \$8240	OIL CONSERVATION DIVISION P.O. Box 2088		WELL API NO.
•			30-045-27855
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New M	1exico 87504-2088	5. Indicate Type of Lease
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410			STATE XX FEE 6. State Oil & Gas Lease No.
•			LG-9090
SUNDRY NOTI	CES AND REPORTS O	N WELLS	
( DO NOT USE THIS FORM FOR PRODIFFERENT RESER		DEEPEN OR PLUG BACK TO A FOR PERMIT	7. Lease Name or Unit Agreement Name
1. Type of Well:	10171 011 000111 1101 0012	,	Little b
OIL WELL WELL	OTHER		
2. Name of Operator			8. Well Na
DUGAN PRODUCTION CO	JRP.		1_1
3. Address of Operator			9. Pool name or Wildcat
P.O. Box 420, Farmi	ington, NM 874	99	Alamito Gallup Ext.
4. Well Location Unit Letter G : 1980	) Feet From The Nort	h Line and 198	O Feet From The East Line
36			
Section	Township 23 Nor		NMPM San Juan County
	10. Elevation (Show 6912' GI	whether DF, RKB, RT, GR, etc.)	
Check A	popopriate Boy to Ind	icate Nature of Notice, R	enort or Other Data
NOTICE OF INT	ENTION TO:	SUB	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING		CASING TEST AND CE	MENT JOB .
OTUED: Extend APD App	roval	OTHER:	
OTHER:		:R3HTO	
<ol> <li>Describe Proposed or Completed Operation work) SEE RULE 1103.</li> </ol>	ons (Clearly state all pertinent d	etails, and give pertinent dates, includ	ling estimated date of starting any proposed
word See Role 1103.			
			DEGENER
			BU BER BROOM
Request a six m	onth extension	of approved APD.	DEC 3 1990
	10 92 01		OIL CON. DIV
APPROVAL EXPIR	ES 10-23-9/		\ DIST. 3
UNLESS DRILLING			(810). 3
SPUD NOTICE MU	IST BE SUBMITTED		•
WITHIN 10 DAYS			
I hereby certify that the information above is true	nd complete to the best of my knowle	edge and belief.	
SIGNATURE	ul_	_ mz _ Geologist	DATE 11-30-90
TYPEORPRINTHAME Jim L. J.	acobs		TELEPHONE NO.
(This space for State Use)	t Autor 17 (September 2007)		
Original Signed by FF	ARK I. CIMILL	SUPPRIVISOR DISTRIB	T#3
APPROVED BY			V/16