to Appropriate District Office   1 File
                  1 Conoco

**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

Energy, Minerals and Natural Resources Department

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

Revised 1-1-89

| | |
|---|---|
| **WELL API NO.** | 30-045-28332 |

**5. Indicate Type of Lease**
STATE [X]    FEE [ ]

**6. State Oil & Gas Lease No.**
LG-3045-1

### 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 [X]    OTHER

**2. Name of Operator**
DUGAN PRODUCTION CORP.

**3. Address of Operator**
P.O. BOX 420, FARMINGTON, NM 87499

**4. Well Location**

**7. Lease Name or Unit Agreement Name**
Bi-Knobs Com

**8. Well No.**
90

**9. Pool name or Wildcat**
Basin Fruitland Coal

Unit Letter __M__ : __1245__ Feet From The __South__ Line and __1200__ Feet From The __West__ Line

Section __32__ Township __30 North__ Range __14 West__ NMPM __San Juan__ County

**10. Elevation** *(Show whether DF, RKB, RT, GR, etc.)*
5396' GL

**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: __Extend APD__ [X]

## 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.

Request a six month extension of time on approved A.P.D.

*Extension Expires 4-17-93*

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

SIGNATURE _____ TITLE __Vice-President__ DATE __10/16/92__

TYPE OR PRINT NAME    Jim L. Jacobs    TELEPHONE NO.

(This space for State Use)

APPROVED BY __Original Signed by FRANK T. CHAVEZ__ TITLE __SUPERVISOR DISTRICT # 3__ DATE __OCT 19 1992__

CONDITIONS OF APPROVAL, IF ANY: