

Submit 3 Copies to Appropriate District Office
3 NMOC
1 File

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 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.

30-045-27739

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.
LG-8804

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.)

7. Lease Name or Unit Agreement Name

Muppet

1. Type of Well:

OIL WELL ☒

GAS WELL ☐

OTHER

2. Name of Operator

DUGAN PRODUCTION CORP.

8. Well No.

2

3. Address of Operator

P.O. BOX 420, FARMINGTON, NM 87499

9. Pool name or Wildcat

Undesignated Gallup

4. Well Location

Unit Letter F : 1650 Feet From The North Line and 2310 Feet From The West Line

Section 2 Township 24 North Range 11 West NMPM San Juan County

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

6750' GL

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT 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 CEMENT JOB ☐

OTHER: A.P.D. Extension

☒

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.

RECEIVED

APR 17 1991

OIL CON. DIV.
DIST. 3

APPROVAL EXPIRES 10-17-91
UNTIL DRILLING IS COMMENCED.
SUNDRY NOTICE MUST BE SUBMITTED
WITHIN 10 DAYS.

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

SIGNATURE

TITLE Geologist

DATE 4-16-91

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

APR 17 1991

CONDITIONS OF APPROVAL, IF ANY: