

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.	30-045-27695
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	V-2364

<p><b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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.)</p>	
<p>1. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/></p>	<p>7. Lease Name or Unit Agreement Name  Road Runner</p>
<p>2. Name of Operator DUGAN PRODUCTION CORP.</p>	<p>8. Well No. 3</p>
<p>3. Address of Operator P.O. Box 420, Farmington, NM 87499</p>	<p>9. Pool name or Wildcat South Bisti Gallup Ext.</p>
<p>4. Well Location Unit Letter <u>M</u> : <u>600</u> Feet From The <u>South</u> Line and <u>500</u> Feet From The <u>West</u> Line Section <u>36</u> Township <u>24N</u> Range <u>11W</u> NMPM <u>San Juan</u> County</p>	
<p>10. Elevation (Show whether DF, RKB, RT, GR, etc.) 6555' GR; 6567' RKB</p>	

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 ☒

## 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 6 month extension of time on approved APD.

APPROVAL EXPIRES 3-29-93  
UNLESS DRILLING IS COMMENCED  
SPUD NOTICE MUST BE SUBMITTED  
WITHIN 10 DAYS.

**RECEIVED**  
SEP 21 1992  
OIL CON. DIV.  
DIST. 3

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

SIGNATURE Jim L. Jacobs TITLE Geologist DATE 9/18/92  
TYPE OR PRINT NAME Jim L. Jacobs TELEPHONE NO.

(This space for State Use)

APPROVED BY Original Signed by FRANK T. CUNNINGHAM TITLE DIRECTOR DISTRICT DATE SEP 21 1992  
CONDITIONS OF APPROVAL, IF ANY: