to Appropriate Listrict Office  1 File	Energy, Minerals and Natural Resources Department		/	Form C-103 Revised 1-1-89
I STRICT I F.O. Box 1980, Hobbe, NM 88240	OIL CONSERVATION P.O. Box 20		WELL API NO.	
DISTRICT II			30-045-27739	
F.O. Diawa DD, Anesia, NM 88210			5. Indicate Type of	STATE FEE
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410			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 GAS WELL X WELL OTHER				
2. Name of Operator			8. Well No.	
DUGAN PRODUCTION CORP.  3. Address of Operator			2	
P.O. BOX 420, FARMINGTON, NM 87499			9. Pool name or Wildcat	
4. Well Location			Undesignated Gallup	
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 A	ppropriate Box to Indicate I	Nature of Notice, Re	port, or Other I	)ata
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF				
DEDECOM DEMENDAL MODIL				
				LTERING CASING
EMPORARILY ABANDON			OPNS. PI	LUG AND ABANDONMENT
PULL OR ALTER CASING		CASING TEST AND CEN	MENT JOB	
OTHER: Extend APD	X	OTHER:		
12. Describe Proposed or Completed Operation	ns (Clearly state all pertinent details, an	d give pertinent dates, includi	ing estimated date of su	arting any proposed
work) SEE RULE 1103.				
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Request a six month extension of time on approved A.P.D.				
Extension Explos 4.10-13				
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				CTON. DIV.) CLOT. 3
I hereby certify that the information above is true an	f complete to the best of my knowledge and b	di <b>d</b> .		
SIGNATURE L	ic-	Vice-Preside	ent	DATE 10/16/92
Jim Z. Jac	Tobe		<del></del>	DATE
TITE OR FRANT NAME	-010			TELEPHONE NO.
(This space for State Use)				
APPROVED BY Original Signed by FRAR	K T. CHAVEZ TITLE			OCT 19 1992
CONDITIONS OF APPROVAL, IF ANY;			;	