rorm approved. 5 BLM 1 File Budget Bureau No. 1004-0135 UNITED STATES

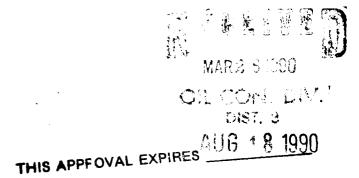
SUBMIT IN TRIPLICATES

OCH PROPERTY (Other Instructions on re-Form 3160-5 Expires August 31, 1985 (November 1983) 5. LEASE DESIGNATION AND SERIAL NO. (Formerly .9-331) BUREAU OF LAND MANAGEMENT NM-16765 6. IF INDIAN, ALLOTTEE OR TRIBE NAME 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" for such proposals.) A. UNIT AGREEMENT NAME WELL X WELL 8. FARM OR LEASE NAME 2. NAME OF OPERATOR Nice DUGAN PRODUCTION CORP. 9. WELL NO. ADDRESS OF OPERATOR 3 Farmington, NM 87499 P.O. Box 420, LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) 10. FIELD AND POOL, OR WILDCAT Wildcat Pictured Cliffs 11. HBC., T., R., M., OR BLK. AND SURVEY OR ARMA 830' FNL ε 1615' FEL Sec. 4, T30N, R14W, NMPM 12. COUNTY OR PARISH 13. STATE 15. BLEVATIONS (Show whether DF, RT, GR, etc.) 14. PERMIT NO. 5683' GL San Juan Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data 16. NOTICE OF INTENTION TO: RUBREQUENT EMPORT OF: REPAIRING WELL PULL OR ALTER CASING WATER SHUT-OF. TEST WATER SHUT-OFF ALTERING CABING FRACTURE TREATMENT MULTIPLE COMPLETE FRACTURE TREAT ABANDON MENT\* SHOOTING OR ACIDIZING ABANDON SHOOT OR ACIDIZE CHANGE PLANS (Norg: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) Request Ext. of APD (Other)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and somes pertinent to this work.)\*

Request a six month extension on approved APD.



18. I hereby certify that the foregoing is true and correct

SIGNED JIM L. Jacobs

(This space for Federal or State office use)

APPROVED BY CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side