

Submit 3 Copies 3 NMOC  
to Appropriate 1 File  
District Office 1 Mesa

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

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

**OIL CONSERVATION DIVISION**

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

WELL API NO.  
30-045-28332

5. Indicate Type of Lease  
STATE ☒ 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 ☒ OTHER

2. Name of Operator  
DUGAN PRODUCTION CORP.

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

4. Well Location  
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: A.P.D. Extension ☒

**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.

**RECEIVED**  
APR 17 1991  
OIL CON. DIV  
DIST. 3

APPROVAL EXPIRES 10-17-91  
UNLESS DRILLING IS COMMENCED.  
SPUD 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 Jim L. Jacobs 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: