

Submit 3 Copies
to Appropriate
District Office

1 File
1 Conoco

Energy, Minerals and Natural Resources Department

Form O-100
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.

30-045-28332

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

LG-3045-1

7. Lease Name or Unit Agreement Name

Bi-Knobs Com

8. Well No.

90

9. Pool name or Wildcat

Basin Fruitland Coal

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: 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.

Extend Expires 11-17-94

LAST Extension

RECEIVED
OCT 15 1993
OIL CON. DIV
16018

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

SIGNATURE

Jim L. Jacobs

TITLE Vice-President

DATE 10/14/93

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 OCT 15 1993

CONDITIONS OF APPROVAL, IF ANY: