

Submit to Appropriate
District Office
State Lease - 6 copies
Fee Lease - 5 copies

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-101
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 2583
Santa Fe, New Mexico 87504-2088

FEB - 2 '90

API NO. (assigned by OCD on New Wells)

30-015-21881

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

K-6385

7. Lease Name or Unit Agreement Name

Dee State

8. Well No.

1

9. Port name or Wildcat

North Dagger Draw Upper Penn.

1a. Type of Work:

DRILL ☐

RE-ENTER ☐

DEEPEN ☐

PLUG BACK ☒

b. Type of Well:

OIL
WELL ☒

GAS
WELL ☐

OTHER ☐

SINGLE
ZONE ☒

MULTIPLE
ZONE ☐

2. Name of Operator

Conoco Inc.

3. Address of Operator

P.O. Box 460 - Hobbs, NM 88240

4. Well Location

Unit Letter

GT: 1980

Feet From The

South

Line and

1980

Feet From The

East

Line

Section

36

Township

19S

Range

24E

NMPM

Eddy

County

10. Proposed Depth

7890'

11. Formation

Cisco Canyon

12. Rotary or C.T.

Rotary

13. Elevations (Show whether DF, RT, GR, etc.)

3615' KB

14. Kind & Status Plug. Bond

Blanket

15. Drilling Contractor

NA

16. Approx. Date Work will start

3-15-90

17.

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
*	13 3/8"	48#	409'	300 SXS.	Circ.
*	8 5/8"	24#	1115'	750 SXS.	Circ.
*	5 1/2"	17#	9319'	575 SXS	4863'

* Above casing already in hole

We propose to recomplete this well from the Morrow Formation to the Cisco Canyon Formation as follows:

Kill Morrow Formation. Cleanout to $\pm 9120'$. Isolate Morrow Formation and test csg. to 1000#, by setting CIBP @ $\pm 9115'$. Perf. Cisco Canyon w/ 4" EHD + 4 JSFP 7739-7787-196 shots, 7707-7731-100 shots. Set RBP @ $\pm 7890'$. Acidize and swab Cisco Canyon and test. Place well on production. Proposed wellbore schematic is attached.

APPROVAL VALID FOR 180 DAYS

PERMIT EXPIRES 8/13/90

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PRODUCTIVE ZONE. GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.

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

SIGNATURE

W.W. Baker

TITLE

Adm. Supervisor

DATE

1/30/90

TYPE OR PRINT NAME

W.W. Baker

TELEPHONE NO.

397-5800

(This space for State Use)

ORIGINAL SIGNED BY

MIKE WILLIAMS

SUPERVISOR, DISTRICT II

APPROVED BY

TITLE

DATE

FEB 13 1990

CONDITIONS OF APPROVAL, IF ANY: