

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
NM 88210

Form approved
Budget Bureau No. 1004-012
Expires August 31, 1985

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.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐	5. LEASE DESIGNATION AND SERIAL NO. NM-0559175
2. NAME OF OPERATOR Conoco Inc.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 460 - Hobbs, New Mexico 88240	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface Unit B 990' FNL + 1980' FEL	8. FARM OR LEASE NAME Dagger Draw
14. PERMIT NO. 30-015-25809	9. WELL NO. 5
15. ELEVATIONS (Show whether Dr. RT. GR. etc.) 3254.6	10. FIELD AND POOL, OR WILDCAT N. Dagger Draw Penn
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 30 - 19S-25E
	12. COUNTY OR PARISH Eddy
	13. STATE NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETION

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Spud + Set Surf Csg.

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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

Spud well on 11-19-87. Ran 28 jts of 8 5/8", 32#, K-55 surface casing + set @ 1250'. Cemented w/ 425 sxs Class "C". Had no circulation during cement job. Waited 8 hrs. + ran temp. survey. 1" 25 sxs to pit.

SJS

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

SIGNED

TITLE Administrative Supervisor

DATE 11-30-87

FOR SOURCE OF REFERENCE OR STATE OFFICE USE

APPROVAL OF
COMMITTEES OF APPROVAL, IF ANY:

TITLE

DATE

*See instructions on Reverse Side

Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

BLM - Carlsbad (6)

Admin

File

11/30/87