

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
NM OIL CASING PERMIT TRIPLICATE
(Other instructions on reverse side)

Form approved. *clsf*
Budget Bureau No. 1004-0135
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.)		5. LEASE DESIGNATION AND SERIAL NO. NM 0559175
1. ☒ OIL WELL ☒ GAS WELL ☐ OTHER JAN 25 '88		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
2. NAME OF OPERATOR Conoco Inc.		7. UNIT AGREEMENT NAME
3. ADDRESS OF OPERATOR P.O. Box 460 - Hobbs, New Mexico 88240		8. FARM OR LEASE NAME Dagger Draw Com
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) Unit J 1980' FSL + 1980' FEL		9. WELL NO. 8
14. PERMIT NO. 30-015-25833		10. FIELD AND POOL, OR WILDCAT North Dagger Draw Penn
15. ELEVATIONS (Show whether DP, RT, GR, etc.) 3549.7'		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 30 - 19S - 25E
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		12. COUNTY OR PARISH Eddy
		13. STATE NM

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
TEST WATER SHUT-OFF	☐	PULL OR ALTER CASING	☐	WATER SHUT-OFF	☐	REPAIRING WELL	☐
FRACTURE TREAT	☐	MULTIPLE COMPLETE	☐	FRACTURE TREATMENT	☐	ALTERING CASING	☐
SHOOT OR ACIDIZE	☐	ABANDON*	☐	SHOOTING OR ACIDIZING	☐	ABANDONMENT*	☐
REPAIR WELL	☐	CHANGE PLANS	☐	(Other) Spud & set surf. csg.	☒		
(Other)	☐			(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 completion of this work.)

Spud well on 12/26/87. Ran 27 jts, 8 5/8", 32#, K-55 surface casing and set @ 1205'.

Cemented with 300 sx5 RFC Lite lead and tail with 315 sx5 Class "C". Circulated 26 sx5 (10 bbls) to surface.

I hereby certify that the foregoing is true and correct

SIGNED *D.F. Finney* D.F. Finney TITLE Administrative Supervisor

DATE 1/5/88

(This space for internal or State office use)

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See instructions on Reverse Side