

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 1004-013.
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM-0559175

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Dagger Draw Com

9. WELL NO.

8

10. FIELD AND POOL, OR WILDCAT
North 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

SUNDRY NOTICES AND REPORTS ON WELLS RECEIVED
(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 ☐

FEB 12 '88

2. NAME OF OPERATOR

Conoco Inc.

O. C. D.

ARTESIA, OFFICE

3. ADDRESS OF OPERATOR

P.O. Box 460 - Hobbs, New Mexico 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface

Unit J

1980' FSL + 1980' FEL

14. PERMIT NO.

30-015-25833

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3549.8' GL

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 COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

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 any 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.)

Ran 183 jts of 5 1/2", K-55 production casing and set @ 8009'. Cemented with 820 sxs Class "H" with no cement returns.

ACCEPTED FOR RECORD

FEB 5 1988

SJS
CARLSBAD, NEW MEXICO

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

SIGNED

[Signature]

for Dave Finney

TITLE Administrative Supervisor

DATE

1/27/88

This space for Federal or State office use)

APPROVAL OF

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See instructions on Reverse Side