Form 3160-5	JTE	D STATES	NM OIL CONS ACCOMMISSION Budgery Burger No. 1004-0135
(June 1990)	DEPARTMENT OF	THE INTERIOR	Drawer Expires Marghab 1975
	BUREAU OF LA	ND MANAGEMENT	A p-tlend Bengration and Serial No.
	SUNDRY NOTICES AN	ID REPORTS ON WELLS	NM 0559175 6 If Indian, Allottee or Tribe Name
Do not use this f	orm for proposals to drill d	er to deepen or reentry to a different re ERMIT—" for such proposals	
	SUBMIT IN	7. If Unit or CA, Agreement Designation 305E	
1. Type of Well Oil Well Well Well	8. Well Name and No. A		
2. Name of Operator CONOCO, INC	•	Dagger Draw COM 9. API Well No.	
3 Address and Telephone 10 Desta Dr	No., West, Midland, To	30 015 25833 10. Field and Pool, or Exploratory Area	
	ge. Sec., T., R., M., or Survey Descrip	North Dagger Draw Penn 11. County or Parish, State	
1980 FSL an	d 1980 FEL, Sec 30,	1-19-5, K-25-E	Eddy County, New Mexico
12. CHECK	APPROPRIATE BOX(s) T	O INDICATE NATURE OF NOTICE	, REPORT, OR OTHER DATA
	TYPE OF SUBMISSION TYPE OF ACTIO		
Notice o	of Intent		Change of Plans
Subsequ	ent Report	Plugging Back	Non-Routine Fracturing
		Casing Repair	Water Shut-Off
Final At	bandonment Notice	Altering Casing X Other add perforat	(Note Report results of multiple completion on Well
13. Describe Proposed or Co	mpleted Operations (Clearly state all perti	inent details, and give pertinent dates, including estimated (Completion or Recompletion Report and Log form) date of starting any proposed work. If well is directionally drilled,
give subsurface loca	tions and measured and true vertical dep	pths for all markers and zones pertinent to this work.)*	
frac a	11 Canvon perfs wit	-7810'. Existing perforati h 100 0 gals Xyl w/16,800 gal @ 7856'. Filed 3160-4 this	s ZU% gelled HLL, W/ SUUU#
			CEIVED
		S	EP 2 2 1995
			CON. DIV.
		Comparison of the second se	DIST. 2
		2 () 1995	
		4. 1 1000 St	
			ender 1941 - Constantine Constantine Constantine 1999 - Constantine Constantine Constantine Constantine Constantine Constantine Constantine Constantine Constanti
14. 1 hereby certify that the	foregoing is the and correct	Regulatory Agent	915 6846381 8-23-95
Signed	Filing	Title	Date
(This space for Federal of	or State office use)		Den
Approved by Conditions of approval,	if any:	Tule	Date
Tula 18 11 5 0 5		and willfully to make to any department or apency	of the United States any false, fictitious or fraudulent statements
or representations as to any a	names is a crime for any person know matter within its jurisdiction	ing,	

*See Instruction on Reverse Side

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