

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

OIL CONSERVATION DIVISION

P.O. Box 208
Santa Fe, New Mexico 87504-2088

SEP 14 '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

API NO. (assigned by OCD on New Wells)

32-015-26185

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

LC-030168A

7. Lease Name or Unit Agreement Name

Dee State

8. Well No.

#2

9. Pool name or Wildcat

North Dugan 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

M : 660

Feet From The

South

Line and

990

Feet From The

West

Line

Section

36

Township

19S

Range

24E

NMPM

Eddy

County

10. Proposed Depth

8100'

11. Formation

Cisco

12. Rotary or C.T.

Rotary

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

3619.3 G.L.

14. Kind & Status Plug. Bond

Blanket

15. Drilling Contractor

not available

16. Approx. Date Work will start

10-15-89

17. PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
12 1/4"	9-5/8"	36 #	1200'	1000 SX	TOC - Surface
8 3/4"	7"	26 #	8100'	1500 SX	TOC - Surface - 1200

It is proposed to drill a straight hole to a TD of 8100' and complete in the Cisco Canyon formation.
See attachments for location plat and BOP specs.

Post ID-1
9-23-89
New loc & API

APPROVAL VALID FOR 180 DAYS
PERMIT EXPIRES 3-18-90
UNLESS DRILLING UNDERWAY

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 Cecil D. Baker TITLE Administrative Supr. DATE Sept. 12, 1989

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use) ORIGINAL SIGNED BY
MIKE WILLIAMS
APPROVED BY SUPERVISOR, DISTRICT II

DATE SEP 18 1989

CONDITIONS OF APPROVAL, IF ANY:

NOTIFY N.M.O.C.D. IN SUFFICIENT
TIME TO WITNESS CEMENTING THE
958 CASING

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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1000 Rio Brazos Rd., Aztec, NM 87410

WELL LOCATION AND ACREAGE DEDICATION PLAT

All Distances must be from the outer boundaries of the section

Operator Conoco, Inc.			Lease Dee State		Well No. 2
Unit Letter M	Section 36	Township 19 South	Range 24 East	County NMPM	Eddy
Actual Footage Location of Well:					
660 feet from the South line and 990 feet from the West line					
Ground level Elev. 3619.3	Producing Formation Cisco Canyon		Pool North Dagger Draw Upper Penn.	Dedicated Acreage: 160 Acres	

1. Outline the acreage dedicated to the subject well by colored pencil or hatchure marks on this plat below.

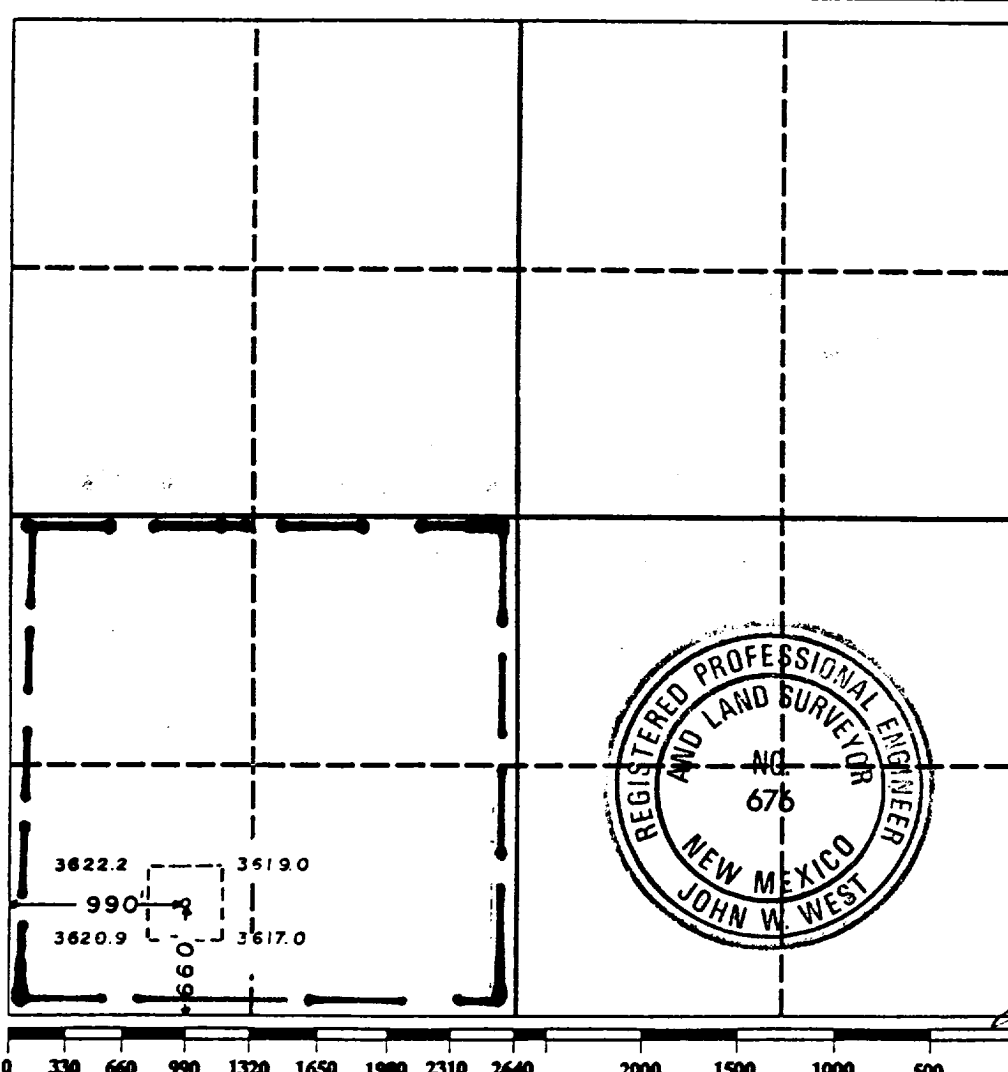

2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).

3. If more than one lease of different ownership is dedicated to the well, have the interest of all owners been consolidated by communitization, unitization, force-pooling, etc.?

☐ Yes ☐ No If answer is "yes" type of consolidation _____

If answer is "no" list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) _____

No allowance will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interest, has been approved by the Division.

	OPERATOR CERTIFICATION <i>I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.</i>	
	Signature _____	
	Printed Name _____ W.W. Baker	
	Position _____ Administrative Supr.	
	Company _____ Cooco Inc.	
Date _____ Sept. 12, 1989		
SURVEYOR CERTIFICATION <i>I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.</i>		
Date Surveyed _____ August 24, 1989		
Signature & Seal of Professional Surveyor _____ 		
Certificate No. _____ JOHN W. WEST, _____ 676 RONALD J. EIDSON, 3239		

DEE STATE NO.2

BOP CONFIGURATION FOR 8-3/4" HOLE

