Submit 3 Copies to Appropriate District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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

OIL CONSERVATION DIVISION

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

RECEIVED
FEB 23 '90
O. C. D.
ARTESIA, OFFICE

WELL API NO. 30-015-26185

5. Indicate Type of Lease STATE [X] FEE [ ]

6. State Oil & Gas Lease No. LG-1525

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" (FORM C-101) FOR SUCH PROPOSALS.)

7. Lease Name or Unit Agreement Name: Dee State

1. Type of Well: OIL WELL [X] GAS WELL [ ] OTHER

2. Name of Operator: Conoco Inc.

8. Well No. #2

3. Address of Operator: P.O. Box 460 - Hobbs, NM 88240

9. Pool name or Wildcat: North Dagger Draw Upper Penn

4. Well Location
Unit Letter M : 940 Feet From The South Line and 990 Feet From The West Line

Section 36 Township 19S Range 24E NMPM Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3621.0

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	[ ]	PLUG AND ABANDON	[ ]	REMEDIAL WORK	[ ]	ALTERING CASING	[ ]
TEMPORARILY ABANDON	[ ]	CHANGE PLANS	[ ]	COMMENCE DRILLING OPNS.	[ ]	PLUG AND ABANDONMENT	[ ]
PULL OR ALTER CASING	[ ]			CASING TEST AND CEMENT JOB	[ ]		
OTHER:	[ ]			OTHER: Set surface casing	[X]		

12. Describe Proposed or Completed Operations *(Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work)* SEE RULE 1103.

Spud 1-15-90 @ 6:00 P.M. 1-17-90 Run 29 jts, 36#, J-55 9 5/8" csg. Set csg. @ 1205'. Cmt w/ 1000 sx. Class "C" w/2% $CaCl_2$ + 4% gel + 1/4# cello flake; 100 sx Class "C" w/2% $CaCl_2$ + 800 sx Thick-tropic 1/4 flakes, 2% cedar fiber, 5# Gilsonite. No Returns. One inched w/ 263 sxs Class "C" w/ Returns.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE H. A. Ingram TITLE Conservation Coordinator DATE 2-21-90

TYPE OR PRINT NAME H. A. Ingram TELEPHONE NO. 397-5800

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY MIKE WILLIAMS SUPERVISOR, DISTRICT II TITLE DATE FEB 28 1990

CONDITIONS OF APPROVAL, IF ANY: