

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

OCT 10 '90

O. C. D.

WELL API NO.

300152618500

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

LG 1525

7. Lease Name or Unit Agreement Name

Dee State

8. Well No.

2

9. Pool name or Wildcat

North Dagger Draw Upper Penn.

SUNDRY NOTICES AND REPORTS ON WELL  
(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.)

1. Type of Well:

OIL  
WELL ☒

GAS  
WELL ☐

OTHER

2. Name of Operator

Conoco Inc.

3. Address of Operator

10 Desta Drive West, Midland TX 79705

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.)

11.

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☒

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

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.

This well is currently completed in the Cisco formation with the following perforations:

7739' - 7753'

7759' - 7779'

7792' - 7801'

7813' - 7836'

It is proposed to open additional Cisco pay by perforating:

7713' - 7726'

7675' - 7701'

The entire Cisco completion will then be acidized with 660 bbls 20% gelled HCL acid.

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

SIGNATURE

*Jerry W. Hoover*

TITLE Regulatory Coordinator

DATE 10/5/90

TYPE OR PRINT NAME

Jerry W. Hoover

TELEPHONE N(0915) 686-6548

(This space for State Use)

ORIGINAL SIGNED BY

MIKE WILLIAMS

SUPERVISOR, DISTRICT II

APPROVED BY

TITLE

DATE

OCT 17 1990

CONDITIONS OF APPROVAL, IF ANY:

10/10/1930

10/10/1930

RECEIVED

OCT 09 1930

HOME OFFICE