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
AUG 2 7 1991
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: 10 Desta Drive, 100 w Midland, TX 79705

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

4. Well Location
Unit Letter M : _____ Feet From The _____ Line and _____ Feet From The _____ Line
Section 36 Township 19S Range 24E NMPM Lea 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:				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: add perfs			[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.

flush w/press at 3450#. Flushed w/144 BBLS 1% KCL. RU. Changed Rams in BOP. Assemble equip. RU. Cable spoolers. bIH w/pmp 2ft sub 243 jts 2 7/8. RD. Put well on prod.

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

SIGNATURE Christine L. Neff TITLE Admin. Assistant DATE 6-22-91

TYPE OR PRINT NAME Christine L. Neff TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY
MIKE WILLIAMS
SUPERVISOR, DISTRICT II

APPROVED BY _____ TITLE _____ DATE AUG 2 7 1991

CONDITIONS OF APPROVAL, IF ANY: