

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 Solano Rd., Aztec, NM 87410

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

WELL API NO.
30-015-26185

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
N DAGGER DRAW UPPER PENN

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.)

1. Type of Well:
OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. Name of Operator
CONOCO INC.

3. Address of Operator
10 Desta Drive STE 100W, 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 19 S Range 24 E 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: ACIDIZE ☒

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.

12-30-92 MIRU. POOH W/ PRODUCTION EQUIP. GIH W/ 4" HSC PERF GUN W/ 4 JSPF PERF 7675-7726
POOH. GIN W/ RBG & PKR, RBP SET @ 7733' AND PKR SET @ 7600'. PUMP 4000 gal XYLENE INTO
PERFS. ACIDIZE W/ 2000G COLD ACID & 2000G 20% HEATED ACID POOH.
GIH W/ TBG AND REDA PUMP, BTM OF ESP @ 7612'.
1-21-93 RDMO.
RETURN WELL TO PRODUCTION

1-27-92 WELL PRODUCING 479 BOPD, 238 BWPD & 651 MCFPD
PREVIOUS TEST 350BO, 100 BW & 800 MFC

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

SIGNATURE Bill R. Keathly TITLE SR REGULATORY SPEC. DATE 2-2-93
TYPE OR PRINT NAME BILL R. KEATHLY TELEPHONE NO. 915-686-5424

(This space for State Use)

ORIGINAL SIGNED BY

APPROVED BY Supervisor District II TITLE Supervisor District II DATE FEB 15 1993

CONDITIONS OF APPROVAL, IF ANY: