

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
JUN 14 1993

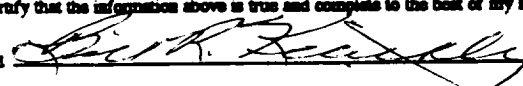
WELL API NO. 30-015-26635
5. Indicate Type of Lease STATE ☐ FEE ☒
6. State Oil & Gas Lease No.

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 ☐	7. Lease Name or Unit Agreement Name LODEWICK A
2. Name of Operator CONOCO INC. ✓	8. Well No. 2
3. Address of Operator 10 Desta Drive STE 100W, Midland, TX 79705	9. Pool name or Wildcat NO. DAGGER DRAW UPPER PENN
4. Well Location Unit Letter E : 1650 Feet From The SOUTH North Line and 660 Feet From The WEST Line Section 19 Township 19 S Range 25 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:		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-FLARE CASINGHEAD GAS ☒	

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 notice follows verbal approval from Mike Williams on June 4, 1993. To flare casinghead gas during the GPM Gas Services Company plant shutdown from June 14 thru June 16, 1993.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNATURE 	TITLE SR REGULATORY SPEC.	DATE 6-10-93
TYPE OR PRINT NAME BILL R. KEATHLY		TELEPHONE NO. 915-686-5424

(This space for State Use)

APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		