

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 25 1991

|                              |                                                                        |
|------------------------------|------------------------------------------------------------------------|
| WELL API NO.                 | 30-015-26673                                                           |
| 5. Indicate Type of Lease    | STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> |
| 6. State Oil & Gas Lease No. |                                                                        |

|                                                                                                                                                                                                                   |                                                        |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|--|--|
| SUNDRY NOTICES AND REPORTS ON WELLS O. C. D.<br>(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR REEVALUATE<br>DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"<br>(FORM C-101) FOR SUCH PROPOSALS.) |                                                        |  |  |
| 1. Type of Well:<br>OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER                                                                                                          | 7. Lease Name or Unit Agreement Name<br>Lodewick A Com |  |  |
| 2. Name of Operator<br>Conoco Inc.                                                                                                                                                                                | 8. Well No.<br>3                                       |  |  |
| 3. Address of Operator<br>10 Delta Drive, Ste 100 W, Midland, TX 79705                                                                                                                                            | 9. Pool name or Wildcat<br>N. Dagger Draw Upper Penn   |  |  |
| 4. Well Location<br>Unit Letter D : 660 Feet From The North Line and 660 Feet From The West Line<br>Section 19 Township 19S Range 25E 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: Production csg ☒

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.

Drilled 8 3/4" hole to 8099'. Logged well.  
Ran in hole w/186 jts 7" 26# K-55 LT+C csg to 8052'.  
First stage cmt: Lead w/600 SKS "Premium Plus" + .89% Halad -9, 69% bel,  
29% CaCl. Laid w/300 SKS "Premium SW" + .79% Halad -9, 2.82 SK KCL.  
Plug did not bump. Circ for 4 hrs.  
Second stage cmt: Lead w/600 SKS "Premium Plus" + .89% Halad -9, 69% Be.  
29% CaCl. Laid w/300 SKS "Premium SW" + .79% Halad -9, 2.82 SK CaCl.  
Circ. back 75 SKS cmt. Set slips, cut csg.  
Release rig at 4:00 am on 6-7-91.

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 6-19-91  
TYPE OR PRINT NAME Christine L. Neff TELEPHONE NO. 686-5494

(This space for State Use)

ORIGINAL SIGNED BY  
MIKE WILLIAMS  
SUPERVISOR, DISTRICT II

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

JUL 09 1991