XX       Weil Weil       Gas       8. Weil Name and No.         XX       Weil       Other       DAGGER DRAW 30N COM #12         2. Name of Operator       9. API Weil No.       9. API Weil No.         3. Address and Telephone No.       30-015-27012       10. Field and Pool, or Exploratory Area	- NFD		DP VER DD AR ESIA, NM	-ISF
Do bot use this form for proposals to drill or to deepen or reentry to a different reservice. Use "APPLICATION FOR PERMIT—" for such proposals G. (. ).        The Use of CA. Agreement Designation          SUBMIT IN TRIPLICATE       The Use of CA. Agreement Designation          Type of Well       Stand Operation        Stand Operation          SUBMIT IN TRIPLICATE       DAGGEN DRAW 30N COM #12          Type of Well       Stand Operation        Stand Operation          Vall Stand Operation        One       DAGGEN DRAW 30N COM #12          10 Desta Drive STE 1000W, Midland, TX 79705        (915)6866-5424        To Fed and Pool & Exploratory rate          2310' FNL & 1800' FEL. SEC. 30, T-195, R-25E, UNIT LTR 'G'        EDDY, NM        EDDY, NM          2310' FNL & 1800' FEL. SEC. 30, T-195, R-25E, UNIT LTR 'G'        EDDY, NM        Net Composed for OTHER DATA          TYPE OF SUBMISSION        TYPE OF ACTION        Net Composed for Composed for Composed for Montal and the first for additioned for the stand additioned formed table to additioned for the stand addit of the composed for Composed for Compose	UNIT Unit 1990) Unit 1990) Unit 1990 BUREAU OF L	ED STATES F OF THE INTERIOR AND MANAGEMENT	RELEIVED	Budget Bureau No. 1004-0135 Expires: March 31, 1993
SUBMIT IN TRIPLICATE         1 Ope of Well       1 Get of Get one         2 Deal       1 Deal         2 Deal	Do not use this form for proposals to dril	I or to deepen or reentry to	a different reservoir.	
I Num Grant       General       It will wate and So         2 Num Greener       Acceler DRAW 300 COM #12         Concoco Inc.       9 Adress and Telephone No.         2 And Well No.       2 Art Well No.         2 Acceler Drave STE 100W, Midland, TX 79705       (915)686-5424         10 Destab Prove STE 100W, Midland, TX 79705       (915)686-5424         10 Destab Prove STE 100W, Midland, TX 79705       (915)686-5424         2310' FNL & 1800' FEL, SEC. 30, T-19S, R-25E, UNIT LTR 'G'       EDDY, NM         2310' FNL & 1800' FEL, SEC. 30, T-19S, R-25E, UNIT LTR 'G'       EDDY, NM         2       CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA         TYPE OF SUBMISSION       TYPE OF ACTION         Was Subsequent Report       Datadoanent         Recognition       New Construction         Was Subsequent Report       Datage of Files         Subsequent of Completed Operations (Clarity state all pertue				7. If Unit or CA, Agreement Designation
CONCCO 10.C.       30-015-27012         10 Desta Drive STE 100W, Midland, TX 79705 (915)686-5424       10 Field as Poil, or Explorementation         11 Location of Well (Focuse, Sec. T. R. M. or Survey Description)       SD DdGGER DRAW UPPER PEN         2310' FNL & 1800' FEL, SEC. 30, T-19S, R-25E, UNIT LTR 'G'       In Course or Parities, Sate         2       CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA         TYPE OF SUBMISSION       TYPE OF ACTION         Nonce of Itams       Astandomment         Recompletion       Charge of Plane         Ward Stat/Off       Charge of Plane         Ward Stat/Off       Charge of Plane         TYPE OF SUBMISSION       TYPE OF ACTION         Nonce of Itams       Astandomment         Recompletion       Program Back         Ward Stat/Off       Caurge as Back         Ward Stat/Off       Caurge as Back         State as the state of the state o	1 Type of Well           XX         Oil         Gas           Vell         Well         Other			DAGGER DRAW 30N COM #12
So DAGGER DEAW OPPER PEN  Location of Verified Process. Stat. T. R. M. or Survey Description)  Location of Verified Process. Stat. T. R. M. or Survey Description)  Call Solution of Verified Process. Stat. Check APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA  TYPE OF SUBMISSION  CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA  TYPE OF SUBMISSION  CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA  TYPE OF SUBMISSION  CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA  TYPE OF SUBMISSION  CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA  TYPE OF SUBMISSION  CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA  TYPE OF SUBMISSION  CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA  TYPE OF SUBMISSION  CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA  TYPE OF SUBMISSION  CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA  TYPE OF SUBMISSION  CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA  TYPE OF SUBMISSION  CHECK APPROPRIATE OF SUBMISSION  CHECK APPROPRIATE DATA  TYPE OF SUBMISSION  CHECK APPROPRIATE OF SUB	3 Address and Telephone No.			30-015-27012
2310* FNL & 1800* FEL, SEC. 30, T-19S, R-25E, UNIT LTR 'G'       II. County of Partial, Sale         2       CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA         TYPE OF SUBMISSION       TYPE OF ACTION         Notice of linest       Change of Plans         XEI Subsequent Report       Change Repair         Final Abandonment Notice       Progging Back         Water Shardoff       Convertion of Infection         13. Describe Proposed of Completed Operations of Clearly state all pertinent deals, and give pertinent dets, including estimated date of starting any proposed work. If well is directoronally drafted proposed work. If well is directoronally drafted proposed work. If wells directoronally drafted proposed or Completed Operations and travers and conseptentiant to this work. If         13. Describe Proposed of Completed Operations (Clearly state all pertinent deals, and give pertinent dets, including estimated at of starting any proposed work. If wells directoronally drafted Completed Proposed work. If wells directoronally drafted Completed Proposed work. If wells directoronally drafted State PLMPING UNIT.         13. Describe Proposed of Completed Operations and trave vencel depth for all markers and conseptentiant to this work. If wells directoronally drafted PLMPING UNIT.         14. Thereby corting that the foregoing to trave and correct         State Clearly that the foregoing to trave and correct         State Clearly that the foregoing to trave and correct         State Clearly that the foregoing to trave and correct <t< td=""><td></td><td></td><td>586-5424</td><td>SO DAGGER DRAW UPPER PEN</td></t<>			586-5424	SO DAGGER DRAW UPPER PEN
TYPE OF SUBMISSION       TYPE OF ACTION         In Notice of Intent       Abandonment       Intering completion         IM       Subsequent Report       Intering Casing Repair       New Construction         IM       Subsequent Report       Intering Casing Repair       Intering Casing Repair       Describe Proposed or Completed Operations. (Clearly runs all permeter details, and give pertunent date, including estimated due of starting any proposed work. If well is directionally drilled gave substrike locations and measured and true vertical depts for all matchers and stores pertunent to this work.)*         8-18-93       MIRU.       POOD W// TBG AND ESP.       GIH W// 249 JTS 2 7/8". TBG TO 7791'. T.A. C @ 7169'.         8-25-93       RDMO.       RETURN WELL TO PRODUCING.       Service Active Start and control of the Active Start and the Start and			LTR 'G'	
TYPE OF SUBMISSION       TYPE OF ACTION         In Notice of Intent       Abandonment       Intering completion         IM       Subsequent Report       Intering Casing Repair       New Construction         IM       Subsequent Report       Intering Casing Repair       Intering Casing Repair       Describe Proposed or Completed Operations. (Clearly runs all permeter details, and give pertunent date, including estimated due of starting any proposed work. If well is directionally drilled gave substrike locations and measured and true vertical depts for all matchers and stores pertunent to this work.)*         8-18-93       MIRU.       POOD W// TBG AND ESP.       GIH W// 249 JTS 2 7/8". TBG TO 7791'. T.A. C @ 7169'.         8-25-93       RDMO.       RETURN WELL TO PRODUCING.       Service Active Start and control of the Active Start and the Start and	2. CHECK APPROPRIATE BOX(	s) TO INDICATE NATURE	OF NOTICE, REPOR	RT, OR OTHER DATA
Interest in the foregoing is true and correct       Non-Rest of factories         Image: Signed for forefactories of State of factories       Non-Rest of factories         Image: Signed for forefactories of state and correct       Non-Rest of factories         Signed for forefactories of state and correct       Signed for forefactories of state and correct         Signed for forefactories of state and correct       Signed for forefactories of state and correct         Signed for forefactories of state and correct       Signed for forefactories of state and correct         Signed for forefactories of state and correct       Signed for forefactories of state and correct         Signed for forefactories of state and correct       Signed for forefactories of state and correct         Signed for forefactories of state and correct       Signed for forefactories of state and correct         Signed for forefactories of state and correct       Signed for forefactories of state and correct         Signed for forefactories of state and correct       Signed for forefactories of state and correct         Signed for forefactories of state and correct       Signed for forefactories of state and correct         Signed for forefactories of state and correct       Signed for forefactories of state office use)         Tate       Signed for forefactories of state office use)         Chas specifies for forefactories of state office use)       Title         Tota       State offi				
XXI Subsequent Report	Notice of Intent	Recompletion		
Image: Second program in Notice       Image: Second program in the se	XX Subsequent Report			Water Shut-Off
give subsurface locations and measured and the vertical deputs to an indiction of construction of the vertical deputs to an indiction of construction of the vertical deputs to an indiction of the vertical deputs the vertical depu		XX Other INSTA		Dispose Water (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)
SET ROTO-FLEX PUMPING UNIT. TO PRODUCING. 8-25-93 RDMO. RETURN WELL TO PRODUCING. 8-31-93 PRODUCING 237 BOPD. 171 BWPD & 511 MCFPD.	give subsurface locations and measured and true vertice	al depuis for all markets and zones peran		
14. I hereby certify that the foregoing is true and correct       SR. REGULATORY SPEC       Date       9-2-93         Signed       Title       SR. REGULATORY SPEC       Date       9-2-93         (This space for Federal or State office use)       Title       Date       9-2-93	CET DATA_FIRY DIMPING UNIT		₩/ 30 bbl 2% KCL	. GIH W/ PUMP & RODS.
14. I hereby certify that the foregoing is true and correct         Signet       SR. REGULATORY SPEC         Date       9-2-93         (This space for Federal or State office use)         Approved by       Title	8-31-93 PRODUCING 237 BOPD, 17	1 BWPD & 511 MCFPD.		
14. I hereby certify that the foregoing is true and correct         Signet       SR. REGULATORY SPEC         Date       9-2-93         (This space for Federal or State office use)         Approved by       Title				
14. I hereby certify that the foregoing is true and correct         Signet       SR. REGULATORY SPEC         Date       9-2-93         (This space for Federal or State office use)         Approved by       Title				J. Lava
Signed K. Kenneller Title SR. REGULATORY SPEC Date <u>9-2-93</u> (This space for Federal or State office use)			U	
Signed K. Kenneller Title SR. REGULATORY SPEC Date <u>9-2-93</u> (This space for Federal or State office use)				
Signed K. Kenneller Title SR. REGULATORY SPEC Date 9-2-93				
Amony ed by Date Title	Signed Link Zear	Title SR. RE	GULATORY SPEC	Date9-2-93
		Title		Date
	Approved by Conditions of approval, if any:	1100		