Submit 3 Copies to Appropriate District Office

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

State of New Mexico
Energy, Minerals and Natural Resources Department

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

Form C-103
Revised 1-1-89

WELL API NO. 30-015-27137

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.)

RECEIVED
JUL 14 '94
O. C. D.
ARTESIA, OFFICE

7. Lease Name or Unit Agreement Name: DAGGER DRAW 19SW <003004>

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

2. Name of Operator: CONOCO INC. <005073>

8. Well No. 14

3. Address of Operator: 10 Desta Drive Ste 100 W, Midland, TX 79705

9. Pool name or Wildcat: DAGGER DRAW UPPR PENN NORTH

4. Well Location
Unit Letter N : 660 Feet From The SOUTH Line and 1980 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: STIMULATE	☒		

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.

6-6-94 MIRU. POOH W/ PRODUCTION EQUIP. ACIDIZE W/ 9000g 20% HCL W/ 3000# ROCK SALT. FLUSHED ACID W/ REVERSE PUMP. RE-ACIDIZED W/ 16,000g 20% GELLED HCL & 4500# ROCK SALT IN 3 STAGES. GIH W/ PRODUCING EQUIPMENT.
6-16-94 RDMO. RETURN WELL TO PRODUCTION.

TEST DATED 6-20-94: 187 BOPD, 158 BWPD, 511 MCF.

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 7-12-94

TYPE OR PRINT NAME BILL R. KEATHLY TELEPHONE NO. 915-686-5424

(This space for State Use)

APPROVED BY SUPERVISOR, DISTRICT II TITLE DATE JUL 20 1994

CONDITIONS OF APPROVAL, IF ANY: