

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

MAR 18 1994

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 Brancos Rd., Aztec, NM 87410

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

WELL API NO. 80-015-27681
5. Indicate Type of Lease STATE ☐ FEE ☐
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name BARBARA 17SE COM
8. Well No. 18
9. Pool name or Wildcat DAGGER DRAW UPR PENN NL

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. 0050731 ✓	
3. Address of Operator 10 Dasta Drive Ste 100 W. Midland, TX 79705	
4. Well Location Unit Letter P : 860 Feet From The SOUTH Line and 760 Feet From The EAST Line Section 17 Township 19 S Range 25 E NMNM 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: ADDL PERFS & 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.

2-11-94 MISC. POOH W/ PRODUCTION EQUIP. SIH W/ RETRAINING HEAD. POOH W/ RBP @ 7750'.
PERF W/ 4 SEC @ 7804-7830'. ACID W/ 300g 30% HEATED HCL.
NTR W/ TBS, RODS & PUMP. RETURN WELL TO PRODUCTION.
2-17-94 RIMO.

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 3-14-94
TYPE OR PRINT NAME BILL R. KEATHLY TELEPHONE NO. 915-686-5404

(This space for State Use)

APPROVED BY SUPERVISOR CITE CITE TITLE APR 8 1994 DATE

CONDITIONS OF APPROVAL, IF ANY: