

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

WELL API NO. 30 015 28489
5. Indicate Type of Lease STATE ☐ FEE ☒
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Julie
8. Well No. 3
9. Pool name or Wildcat North Dagger Draw-Upper Penn

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.
3. Address of Operator 10 Desta Dr., Suite 100W, Midland, Texas 79705	4. Well Location Unit Letter A : 660 Feet From The North Line and 660 Feet From The East Line Section 17 Township 19 S Range 25 E NMPM Eddy County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3516 GL	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐	REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐	ALTERING CASING ☐
PULL OR ALTER CASING ☐	COMMENCE DRILLING OPNS. ☐
OTHER ☐	PLUG AND ABANDONMENT ☐
	CASING TEST AND CEMENT JOB ☐
	OTHER: spud & set surface casing ☒

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.

8-23-95: MIRU - spud well @ 4:30 pm.

8-25-95: TD - 1195'. Run 27 jts. 9 5/8" J-55 & K-55 36# casing to a total depth of 1195'. Texas pattern guide shoe on bottom, insert float @ 1151'. Cemented: lead slurry 200 sx Cl. "H", 12% THIXAD, 10#/sx Gilsonite, 1% CaCl, 1/4#/sx de louseal slurry - 950 sx PSL "E", 5#/sx Gilsonite, 2% CaCl, 1/4#/sx de louseal. Bumped plug @ 10:45 am. NMOCD notified @ 1700 hrs on 8-24-95.

SEP 13 1995

OIL CON. DIV.
DIST. 2

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Ann E. Ritchie TITLE Regulatory Agent DATE 9-7-95
TYPE OR PRINT NAME Ann E. Ritchie TELEPHONE NO. 915 684-6381

(This space for State Use)

SEP 19 1995

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL IF ANY