

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
Denver, CO  
Artesia, NM 88001

Form approved. *clsf*  
Budget Bureau No. 1004-013  
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM 0559175

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Dagger Draw Com

9. WELL NO.

5

10. FIELD AND POOL, OR WILDCAT

Unit B North Dagger Draw Pen

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 30 - 19S - 25E

12. COUNTY OR PARISH 13. STATE

Eddy NM

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—" for such proposals.)

1. OIL WELL  GAS WELL  OTHER

2. NAME OF OPERATOR  
Conoco Inc.

3. ADDRESS OF OPERATOR  
P.O. Box 460 - Hobbs, New Mexico 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)  
At surface  
Unit B  
990' FNL + 1980' FEL

14. PERMIT NO.  
30-015-25809

15. ELEVATIONS (Show whether DP, RT, CR, etc.)  
3554.6'

FEB 01 '88

O.C.D.  
ARTESIA, OFFICE

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF   
FRACTURE TREAT   
SHOOT OR ACIDIZE   
REPAIR WELL   
(Other)  Change well name

PULL OR ALTER CASING   
MULTIPLE COMPLETE   
ABANDON\*   
CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF   
FRACTURE TREATMENT   
SHOOTING OR ACIDIZING   
(Other)   
REPAIRING WELL   
ALTERING CASING   
ABANDONMENT\*

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

Please be advised that the subject well is communitized and therefore should reflect this in the name.

Part ID-3  
3-5-88  
etc. well name

I hereby certify that the foregoing is true and correct

SIGNED *[Signature]*  
D.F. Finney

TITLE: Administrative Supervisor

DATE: 1/5/88

APPROVAL OF CONDITIONS OF APPROVAL, IF ANY:

TITLE: \_\_\_\_\_

DATE: 1-28-88

\*See instructions on Reverse Side

Section 1061, Title 18, U.S. Code, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

BLM (Carlsbad) - 6 File Armour Yates