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

DEC 17 1993

Form C-103
Revised 1-1-89

WELL API NO.
30-015-26980

5. Indicate Type of Lease STATE [XX] FEE [ ]

6. State Oil & Gas Lease No.
K 6385

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.)

7. Lease Name or Unit Agreement Name
DEE 36SE STATE

1. Type of Well: OIL WELL [XX] GAS WELL [ ] OTHER

2. Name of Operator
CONOCO INC.

8. Well No.
6

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

9. Pool name or Wildcat
N. DAGGER UPPER PENN

4. Well Location
Unit Letter I : 1830 Feet From The SOUTH Line and 890 Feet From The EAST Line

Section 36 Township 19 S Range 24 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: SQUEEZE LOWER PERFS.	[XX]		

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.

12-2-93 MIRU. POOH W/ TBG. GIH W/ CEMENT RETAINER SET @ 7805'. GIH W/ TBG, STUNG INTO CMT RETAINER SQUEEZE PERFS 7808-7830 W/ 75 SX CLASS 'H' CMT W/ . 5% HALAD 322, POOH. GIH W/ 2 7/8" TBG AND ESP EQUIP.
12-8-93 RDMO. RETURN WELL TO PRODUCTION.

12-14-93 PRODUCING 21 BOPD, 479 BWPD AND 109 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 12-15-93

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

(This space for State Use) ORIGINAL SIGNED BY MIKE WILLIAMS SUPERVISOR DISTRICT II

APPROVED BY _____ TITLE _____ DATE DEC 29 1993

CONDITIONS OF APPROVAL, IF ANY: