

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

2040 Pacheco St.  
Santa Fe, NM 87505

WELL API NO.  
30015-29524

Indicate Type of Lease

STATE ☒

FEE ☐

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.)

Type of Well:

OIL  
WELL ☒

GAS  
WELL ☐

OTHER

Name of Operator  
CONCHO RESOURCES INC.

Well No.  
1

Address of Operator  
110 W. LOUISIANA STE 410; MIDLAND TX 79701

Pool name or Wildcat  
CARLSBAD BONE SPRING EAST

Well Location

Unit Letter H : 2180 Feet From The NORTH Line and 360 Feet From The EAST Line

Section 14 Township 21S Range 27E NMPM EDDY County

Elevation (Show whether DF, RKB, RT, GR, etc.)  
3193

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 ANBANDONMENT ☐

PULL OR ALTER CASING ☐

CASING TEST AND CEMENT JOB ☐

OTHER: SURFACE COMMING/ OFF LEASE SALES GAS PROD ☒

OTHER: ☐

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.

CONCHO RESOURCES INC. RESPECTFULLY REQUESTS APPROVAL FOR SURFACE COMMINGLING AND OFF LEASE SALES AND MEASUREMENT OF THE GAS PRODUCTION FROM THE LONETREE '14' STATE NO. 1 WELL. THE GAS PRODUCTION WILL BE COMMINGLED PRIOR TO SELLING AT THE LONETREE STATE NO. 1 BATTERY.

THE GAS PRODUCTION WILL BE METERED AT EACH WELL PRIOR TO COMMINGLING WITH THE LONETREE STATE NO. 1 WELL

PLEASE SEE ATACHED FOR THE DETAILS OF OUR REQUEST.

RECEIVED  
OCD - ARTESIA

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

SIGNATURE TERRI STATHAM

TITLE PRODUCTION ANALYST

DATE 11-09-99

TYPE OR PRINT NAME TERRI STATHAM

TELEPHONE NO. 915-683-7443

(This space for State Use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: