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Submit 3 Copies To Appropriate District	District State of New Mexico		داع Form C-103
Office District I	Energy, Minerals and Na		Revised March 25, 1999
1625 N. French Dr., Hobbs, NM 88240	-		WELL API NO. 30015 31490
District II 811 South First, Artesia, NM 88210	OIL CONSERVATION		5. Indicate Type of Lease
District III 1000 Rio Brazos Rd., Aztec, NM 87410	2040 South Pa		STATE T FEE
District IV	Santa Fe, NM	87505	6. State Oil & Gas Lease No.
2040 South Pacheco, Santa Fe, NM 87505	G AND DEPONTS ON WEI	IG	7. Lagge Name or Unit Agreement Name
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			7. Lease Name or Unit Agreement Name: RIFLEMAN '5' STATE
PROPOSALS.)	(,	
1. Type of Well: Oil Well Gas Well	Other		
2. Name of Operator			7. Well No.
CONCHO RESOURCES INC.			8. Pool name or Wildcat
3. Address of Operator 110 W. LOUISIANA STE 410; MIDL	AND TX 79701		HAPPY VALLEY MORROW
4. Well Location 1533			
Unit Letter M: 990 feet from the SOUTH line and 990 feet from the WEST line			
Section 5	Township 22S R	ange 26E	NMPM EDDY County
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3559' GR			
	propriate Box to Indicate	Nature of Notice,	Report or Other Data
NOTICE OF INTE	ENTION TO:	SUB	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK 🔲 F	PLUG AND ABANDON 🔲	REMEDIAL WOR	RK ALTERING CASING
TEMPORARILY ABANDON 🔲 (CHANGE PLANS	COMMENCE DR	ILLING OPNS. PLUG AND ABANDONMENT
, 002 0111121211	MULTIPLE COMPLETION	CASING TEST A CEMENT JOB	
OTHER:		OTHER: Spud we	ell 🛣
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. For Multiple Completions: Attach wellbore diagram of proposed completion			
or recompilation.			
1/13/01 Spud well @ 2:00 AM.			
			4 0.7
			Promise William
			OGD - ARTESIA 20/
			ANTESIA S
			10- 1V
			RECLIVED SS OCC ARTESIA SS OCC ARTESIA
	1		
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNATURE ()	TITI	EProduction	n Analyst DATE 1/17/01
Type or print name Terri Sta	them		Telephone No. 915-683-7443
(This areas for State use)	RIGINAL MODEL BY TH	W. GUM	JAN 2.5 200
APPPROVED BY	ISTRICT & SUMERVIOUS	E	DATE
Conditions of approval, if any:	120		