

Submit 1 Copy To Appropriate District  
Office  
District I - (575) 393-6161  
1625 N. French Dr., Hobbs, NM 88240  
District II - (575) 748-1283  
811 S. First St., Artesia, NM 88210  
District III - (505) 334-6178  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV - (505) 476-3460  
1220 S. St. Francis Dr., Santa Fe, NM  
87505

State of New Mexico  
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

HOBBS OGD

Form C-103  
Revised August 1, 2011

<b>WELL API NO.</b> 30-025-40616 ✓	
<b>5. Indicate Type of Lease</b> STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	
<b>6. State Oil &amp; Gas Lease No.</b>	
<b>7. Lease Name or Unit Agreement Name</b> Stratojet 31 State Com ✓	
<b>8. Well Number</b> 1H ✓	
<b>9. OGRID Number</b> 229137	
<b>10. Pool name or Wildcat</b> Berry; Bone Spring, North ✓	
<b>4. Well Location</b> Unit Letter <u>P</u> : <u>330</u> feet from the <u>South</u> line and <u>660</u> feet from the <u>East</u> line Section <u>31</u> Township <u>20S</u> Range <u>35E</u> NMPM Lea County	
<b>11. Elevation (Show whether DR, RKB, RT, GR, etc.)</b> 3732' GR	

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐  
DOWNHOLE COMMINGLE ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ P AND A ☐  
CASING/CEMENT JOB ☐

OTHER: Ran Tubing ☒

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

2/26/13 to 2/28/13 MIRU WSU. Set 2 7/8" 6.5# L-80 tbg @ 10193' & pkr @ 10182'. Installed gas lift system.

Spud Date: 11/10/12

Rig Release Date: 12/9/12

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

SIGNATURE Stormi Davis TITLE: Regulatory Analyst DATE: 3/28/13  
Type or print name: Stormi Davis E-mail address: sdavis@concho.com PHONE: (575) 748-6946

For State Use Only

APPROVED BY [Signature] TITLE Dist. MGR DATE 4-4-2013  
Conditions of Approval (if any):

APR 04 2013