Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

OIL CONSERVATION DIVISION
2040 Pacheco St.
Santa Fe,   NM   87505

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO.	
30025-00357	

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

6. 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.)

7. Lease Name or Unit Agreement Name

State A-33

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

8. Well No.
1

2. Name of Operator
Concho Resources Inc.

3. Address of Operator
110 W. Louisana Ste 410; Midland, Texas 79701

9. Pool name or Wildcat
Anderson Ranch Cisco Canyon, North

4. Well Location

Unit Letter __M__ : __330__ Feet From The __South__ Line and __330__ Feet From The __West__ Line

Section __33__   Township __15S__   Range __32E__   NMPM   __Lea__ County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
4306' GR

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK [ ]   PLUG AND ABANDON [X]

TEMPORARILY ABANDON [ ]   CHANGE PLANS [ ]

. OR ALTER CASING [ ]

OTHER:_____ [ ]

SUBSEQUENT REPORT OF:

REMEDIAL WORK [ ]   ALTERING CASING [ ]

COMMENCE DRILLING OPNS. [ ]   PLUG AND ABANDONMENT [ ]

CASING TEST AND CEMENT JOB [ ]

OTHER:_____ [ ]

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.

Concho Resources Inc. proposes to plug and abandon the State A-33 #1 according
to the following attached procedure.

THE COMMISSION MUST BE NOTIFIED 24
HOURS PRIOR TO THE BEGINNING OF
PLUGGING OPERATIONS FOR THE C-103
TO BE APPROVED.

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

SIGNATURE _____   TITLE __Production Analyst__   DATE __10/22/98__

TYPE OR PRINT NAME __Terri Stathem__   __915-683-7443__   TELEPHONE NO.

(This space for State Use)

APPROVED BY _____   TITLE _____   DATE _____

CONDITIONS OF APPROVAL, IF ANY: