



UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

**OPERATOR'S COPY**

FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: March 31, 1993

**SUNDRY NOTICES AND REPORTS ON WELLS**

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.  
Use "APPLICATION FOR PERMIT-" for such proposals

**SUBMIT IN TRIPLICATE**

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	5. Lease Designation and Serial No. LC 029387 B
2. Name of Operator CONCHO RESOURCES INC.	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. 110 W. LOUISIANA STE 410; MIDLAND, TX 79701 (915) 683-7443	7. If Unit or CA, Agreement Designation
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 2310' FnL & 990' FWL, SEC. 19, 18S, 31E.	8. Well Name and No. West Shugart '19' Federal #1
	9. API Well No. 30015-30797
	10. Field and Pool, or Exploratory Area Shugart Bone Spring North
	11. County or Parish, State EDDY, NM

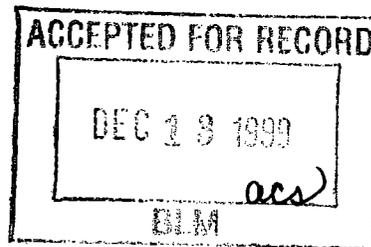
12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other <u>spud &amp; set csg</u>
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

12-3-99 Spud well @ 4:45 PM MST.  
12-5-99 RIH w/ 13-3/8" csg & set @ 863' w/ lead cmt: 300 sx 15/85 POZ C + 2% CaCl + 2% SI + 1/4 PPS Celloflake + 5 PPS salt followed by tail cmt: 700 sx of 15/85 POZ C + 2% CaCl + 2% SI + 1/4 PPS Celloflake.  
Did not circ. Used additional 400 sx of same type cmt to circ cmt to surface.



14. I hereby certify that the foregoing is true and correct

Signed [Signature] Title Production Analyst Date 12/07/99

(This space for Federal or State office use)

Approved by \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Conditions of approval, if any: \_\_\_\_\_

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

**UNITED STATES**  
**DEPARTMENT OF THE INTERIOR**  
**BUREAU OF LAND MANAGEMENT**

**SUBMIT IN DUPLICATE\***

(See other instructions on reverse side)

FORM APPROVED  
OMB NO. 1004-0137  
Expires: February 28, 1995

**WELL COMPLETION OR RECOMPLETION REPORT AND LOG\***

<b>1a. TYPE OF WELL:</b> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> DRY <input type="checkbox"/> Other _____				<b>5. LEASE DESIGNATION AND SERIAL NO.</b> LC029387 B	
<b>b. TYPE OF COMPLETION:</b> NEW WELL <input checked="" type="checkbox"/> WORK OVER <input type="checkbox"/> DEEP-EN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> DIFF. RESVR. <input type="checkbox"/> Other _____				<b>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</b>	
<b>2. NAME OF OPERATOR</b> CONCHO RESOURCES INC.				<b>7. UNIT AGREEMENT NAME</b>	
<b>3. ADDRESS AND TELEPHONE NO.</b> 110 W LOUISIANA STE 410; MIDLAND TX 79701				<b>8. FARM OR LEASE NAME, WELL NO.</b> West Shugart '19' Federal #1	
<b>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*</b> At surface 2310' FNL & 990' FWL At top prod. interval reported below SAME At total depth SAME				<b>9. API WELL NO.</b> 30015-30797	
		<b>14. PERMIT NO.</b>		<b>12. COUNTY OR PARISH</b> Eddy	
		<b>DATE ISSUED</b>		<b>13. STATE</b> NM	
<b>15. DATE SPUDDED</b> 12/03/99		<b>16. DATE T.D. REACHED</b> 12/20/99		<b>18. ELEVATIONS (DF, RKB, RT, GE, ETC.)*</b> 3641 GE	
<b>17. DATE COMPL. (Ready to prod.)</b> 01/05/00				<b>19. ELEV. CASINGHEAD</b> 3642'	
<b>20. TOTAL DEPTH, MD &amp; TVD</b> 8409		<b>21. PLUG, BACK T.D., MD &amp; TVD</b> 8345		<b>22. IF MULTIPLE COMPL., HOW MANY*</b>	
				<b>23. INTERVALS DRILLED BY</b> →	
				<b>ROTARY TOOLS</b> XX	
				<b>CABLE TOOLS</b>	
<b>24. PRODUCING INTERVAL(S), OF THIS COMPLETION-TOP, BOTTOM, NAME (MD AND TVD)*</b> 8190-8230 BONE SPRING				<b>25. WAS DIRECTIONAL SURVEY MADE</b> No	
<b>26. TYPE ELECTRIC AND OTHER LOGS RUN</b> GR/CNL/DLL GR/CBL				<b>27. WAS WELL CORED</b> No	

**CASING RECORD (Report all strings set in well)**

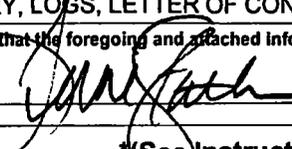
CASING SIZE/GRADE	WEIGHT, LB/FT.	DEPTH SET (MD)	HOLE SIZE	TOP OF CEMENT, CEMENTING RECORD	AMOUNT PULLED
13-3/8	48	863	17-1/2	1400 SX C - CIRC TO SURF	0
8-5/8	32	2836	11	1000 SX C - CIRC TO SURF	0
5-1/2	17	8409	7-7/8	1100 SX C - TOC @ 1406'	0

<b>29. LINER RECORD</b>					<b>30. TUBING RECORD</b>		
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					2-7/8	8298	
<b>31. PERFORATION RECORD (Interval, size and number)</b> 8190-8230' 2 SPF - 81 HOLES TOTAL					<b>32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.</b>		
		<b>DEPTH INTERVAL (MD)</b>		<b>AMOUNT AND KIND OF MATERIAL USED</b>			
		8190-8230		4000 GALS NEFE ACID			

<b>33. * PRODUCTION</b>							
<b>DATE FIRST PRODUCTION</b> 01/05/00		<b>PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)</b> PUMPING 2-1/2"X1-1/2"X24' RHBC				<b>WELL STATUS (Producing or shut-in)</b> PROD	
<b>DATE OF TEST</b> 01/24/00	<b>HOURS TESTED</b> 24	<b>CHOKE SIZE</b> OPEN	<b>PROD'N FOR TEST PERIOD</b> →	<b>OIL—BBL.</b> 185	<b>GAS—MCF.</b> 156	<b>WATER—BBL.</b> 8	<b>GAS-OIL RATIO</b> 1185
<b>FLOW. TUBING PRESS.</b>	<b>CASING PRESSURE</b> 60	<b>CALCULATED 24-HOUR RATE</b> →	<b>OIL—BBL.</b> 185	<b>GAS—MCF.</b> 156	<b>WATER—BBL.</b> 8	<b>OIL GRAVITY-API (CORR.)</b> 39.4	
<b>34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)</b> SOLD						<b>TEST WITNESSED BY</b> M. HULSE	

**35. LIST OF ATTACHMENTS**  
SUNDRY, LOGS, LETTER OF CONFIDENTIALITY

**36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records**

SIGNED  TITLE PRODUCTION ANALYST DATE 01/26/00

\*(See Instructions and Spaces for Additional Data on Reverse Side)

37. SUMMARY OF POROUS ZONES: (Show all important zones of porosity and contents thereof; cored intervals; and all drill-stem tests, including depth interval tested, cushion used, time tool open, flowing and shut-in pressures, and recoveries):

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.
RED BED	SURF	370	
RED BED & ANHY	370	1813	
SALT & ANHY	1813	2775	
DOL & SS	2775	5900	
LS & SS	5900	TD	

38. GEOLOGICAL MARKERS			38. GEOLOGICAL MARKERS		
NAME	TOP		NAME	TOP	
	MEAS. DEPTH	TRUE VERT. DEPTH		MEAS. DEPTH	TRUE VERT. DEPTH
PREMIER	3872				
DELAWARE	4020				
BONE SPRING	5900				

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LC 029387 B

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

West Shugart '19' Federal #1

9. API Well No.

30015-30797

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Shugart Bone Spring North

11. County or Parish, State

EDDY, NM

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- 12-5-99 RIH w/ 13-3/8" csg & set @ 863' w/ 1400 sx POZ C. CIRC TO SURF.
- 12-9-99 RIH W/ 8-5/8" CSG & SET @ 2836' W/ 1000 SX C. CIRC. 129 SX TO PIT.
- 12-20-99 RIH W/ 5-1/2" CSG & SET @ 8409' W/ 1100 SX C. TOC @ 1406'.  
RELEASE RIG @ 10:45 AM MST.
- 12-27-99 PERF WELL W/ 2 SPF @ 8190-8230' (81 HOLES).
- 12-29-99 MIRU PU. PU 2-7/8" TBG & TIH TO 2181'. SET PKR @ 8276'.
- 12-30-99 SPOT 1.5 BBLS 15% NEFE ACID ACROSS PERFS. SET PKR @ 8091'. ACID BONE SPRING W/ 4000 GALS NEFE ACID. RD. RU SWAB.
- 1-4-00 MIRU PU. RU SWAB. TURN TO SALES.
- 1-5-00 TEST 267 BO, 6 BW. 99 MCF.
- 1-8-00 WELL DIED.
- 1-10-00 REL PKR. TOH. TIH W/ PROD TBG.
- 1-11-00 RIH W/ PUMP AND RODS. RDMO.
- 1-12-00 SET PUMPING UNIT.
- 1-13-00 INSTALLED GENERATOR & STARTED WELL.
- 1-24-00 IP @ 185 BO, 156 MCF, 8 BW.

14. I hereby certify that the foregoing is true and correct

Signed [Signature] Title Production Analyst Date 01/25/00  
(This space for Federal or State office use)

Approved by \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
Conditions of approval, if any:

**CONCHO RESOURCES INC.**

**WEST SHUGART '19' FEDERAL NO. 1**

**WORKING INTEREST OWNERS:**

S & P Co.	11.25%
Concho Resources Inc.	88.75%