Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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

5Indicate Type of Lease
STATE ☒   FEE ☐

6State Oil & Gas Lease No.
K3633

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.)

RECEIVED
OCD ARTESIA

7Lease Name or Unit Agreement Name
Lone Tree '14' State Com

1Type of Well:
OIL WELL ☐   GAS WELL ☒   OTHER

2Name of Operator
Concho Resources Inc.

3Address of Operator
110 W. Louisiana, Ste 410; Midland, Tx 79701 (915) 683-7443

8Well No.
1

9Pool name or Wildcat
Bone Spring Carbonate

4Well Location
Unit Letter __H__ : __2180__ Feet From The __North__ Line and __360__ Feet From The __East__ Line

Section __14__ Township __21S__ Range __27E__ NMPM   Lea County

10Elevation (Show whether DF, RKB, RT, GR, etc.)
3188

---

11   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	☐	
OTHER:	☐	

SUBSEQUENT REPORT OF:

REMEDIAL WORK	☐	ALTERING CASING ☐
COMMENCE DRILLING OPNS.	☐	PLUG AND ANBANDONMENT ☐
CASING TEST AND CEMENT JOB	☐	
OTHER: Spud & Set Surface Csg	☒	

12Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

12-14-97 Spud well.
12-15-97 RIH & set 13-3/8" csg @ 623 w/ 650 sxs Class C Cmt. Circ to Surface.   WOC?

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

SIGNATURE _____   TITLE Production Analyst   DATE 03-02-99

TYPE OR PRINT NAME Terri Stathem

TELEPHONE NO. 915-683-7443

(This space for State Use)

APPROVED BY _____ TITLE District Supervisor   DATE 3-11-99

CONDITIONS OF APPROVAL, IF ANY: