

Submit 3 Copies To Appropriate District Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
811 South First, Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised March 25, 1999

OIL CONSERVATION DIVISION
2040 South Pacheco
Santa Fe, NM 87505

WELL API NO.
3002504989

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
V4674

7. Lease Name or Unit Agreement Name:
Sundown State SWD

7. Well No. 1

8. Pool name or Wildcat
Cuerno Largo Penn

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.)

1. Type of Well:
Oil Well ☐ Gas Well ☐ Other ☒ Injection

2. Name of Operator
Concho Oil & Gas Corp.

3. Address of Operator
110 W. Louisiana Ste 410; Midland, Tx 79701

4. Well Location

Unit Letter I : 2310 Feet from the South line and 990 feet from the East line

Section 22 Township 10S Range 37E NMPM Lea County

10. Elevation (Show whether DR, RKB, RT, GR, etc.)
3938 GL

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 ☐ MULTIPLE COMPLETION ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: MIT - Csg integrity test ☒

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.

07-24-01 MIRU. Rel pkr & POOH w/ tbq.

07-26-01 Ran tbq. Set pkr w/ 15,000# tension @ 4879', circ hole w/ pkr fluid. Tested annulus to 300#. Held OK. Cut chart. RDMO. Returned to injection.

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

SIGNATURE Terri Stathem TITLE Production Analyst DATE 8-21-01

Type or print name Terri Stathem Telephone No. 915/683-7443
(This space for State use)

APPROVED BY _____ TITLE _____ DATE _____
Conditions of approval, if any: