

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 87440
District IV - (505) 476-3460
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources
RECEIVED
MAR 22 2013
OIL CONSERVATION DIVISION
NMOCD ARTESIA
1220 S. St. Francis Dr.
Santa Fe, NM 87505

Form C-103
Revised August 1, 2011

WELL API NO. 30-015-39585	
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name Moody 18 State Com	
8. Well Number 1H	
9. OGRID Number 229137	
10. Pool name or Wildcat Red Bluff; Bone Spring	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3056' 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: Completion Operations ☒

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.

1/15/13 Perform injection test.

2/2/13 to 2/4/13 Perforate Bone Spring 8110-12127'. Acidz w/30895 gal 7 1/2% acid. Frac w/3018880# sand & 2453237 gal fluid.

2/18/13 to 2/22/13 Drilled out all CFP's. Circulate clean.

2/27/13 Set 2 7/8" 6.5# L-80 tbg @ 7264' and pkr @ 7249'. Installed gas lift system.

2/28/13 Began flowing back & testing.

Spud Date:

12/20/12

Rig Release Date:

1/10/13

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

SIGNATURE

Stormi Davis

Type or print name: Stormi Davis

TITLE: Regulatory Analyst

DATE: 3/21/13

E-mail address: sdavis@concho.com

PHONE: (575) 748-6946

For State Use Only

APPROVED BY:

APDache

Conditions of Approval (if any):

TITLE

Asst. P. Supervisor

DATE

3/27/13