| Submit 1 Copy To Appropriate District | Form C-103 | | | |
|--|---|--------------------------------|--|--|
| Office NIVI Off. (3) District I – (575) 393-6161 AKT SIA | Revised July 18, 2013 | | | |
| 1626 NL Franch Dr. Habba NIM 99240 | WELL API NO. | | | |
| $\frac{\text{District II}}{\text{S} = (575)} = \frac{1}{748 - 1283} \text{ W} = \frac{1}{7} \text{ V}$ 811 S. First St., Artesia, NM 88210 | 30-015-25471 | | | |
| 811 S. First St., Artesia, NM 88210 | 5. Indicate Type of Lease | | | |
| $\underline{\text{District III}}_{1000 \text{ Rio}} - (505) 334-6178$ | STATE 🖾 FEE 🗌 | | | |
| 1000 Rio Brazos Rd., Aztec, NM 874 DEC District IV – (505) 476-3460 | 6. State Oil & Gas Lease No. | | | |
| 1220 S. St. Francis Dr., Santa Fe, NM | o. State office Gus Elease 110. | | | |
| 87505 | | | | |
| SUNDRY NOTI | 7. Lease Name or Unit Agreement Name | | | |
| (DO NOT USE THIS FORM FOR PROPOS | | | | |
| DIFFERENT RESERVOIR. USE "APPLIC | Amoco State A | | | |
| PROPOSALS.) | 8. Well Number 3 | | | |
| 1. Type of Well: Oil Well | | | | |
| 2. Name of Operator | 9. OGRID Number 229137 | | | |
| C | | | | |
| 3. Address of Operator One Conc | 10. Pool name or Wildcat | | | |
| 600 W. Illinois Ave, Midland, TX 7 | Artesia;QN-GRBG-SA | | | |
| 4. Well Location | | | | |
| Unit Letter <u>A</u> : | <u>965</u> feet from the <u>North</u> line and <u>330</u> | feet from the <u>East</u> line | | |
| Section 34 | Township 17S Range 28E | NMPM County Eddy | | |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) | | | | |
| 3565 GR | | | | |
| | | | | |
| 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data | | | | |
| 12. OHOUR T | propriate Dox to matcate rature of notice, I | | | |

| NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON TEMPORARILY ABANDON CHANGE PLANS | | SUBSEQUENT RE REMEDIAL WORK | ALTERING CASING | | |
|--|------------------|--------------------------------|----------------------------------|--|-------------|
| PULL OR ALTER CASING DOWNHOLE COMMINGLE |] MULTIPLE COMPL | | CASING/CEMENT JOB | | |
| OTHER: | - | | OTHER: Temporarily Abandon / MIT | T Contraction of the second se | \boxtimes |

 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.

MIT for TA approval.

4/23/15 MISU. Unhang rods and rod pump. Installed ROD BOP. POOH w/rods and tubing. RIH w/ 5-1/2" CIBP set @ 2387. POOH. RIH w/ tbg and circ packer fluid, broke circ w/ 61 bbls. POOH w/ tbg and CIBP setting tool. Closed BOP blinds, opened csg. Displaced w/ 6bbls packer fluid. Pressure test csg. Good test. SDON.

4/24/15 Pressure csg to 600 psi and record on chart recorder for 30 mins, good test. NMOCD approved MIT. Released pressure. ND BOP. RD. Chart is attached.

| Spud Date: | Rig Release Date: |
|---|--|
| : . | LA3T PROD 12/1/2013 |
| I hereby certify that the information above is true ar | nd complete to the best of my knowledge and belief. |
| SIGNATURE | TITLE Lead Regulatory Analyst DATE 4/29/15 |
| Type or print name <u>Kanicia Castillo</u> | E-mail address: <u>kcastillo@concho.com</u> PHONE: <u>432-685-4332</u> |
| For State Use Only APPROVED BY: <u>PLOUARD</u> / NGE Conditions of Approval (if any): | TITLE COMPLANCE OFFICER DATE 5/7/15 |

