Submit 3 Copies To Appropriate District 13 14 15 16 State of New Mexico Office  State of New Mexico Office  Figure Minerals and Natural Recourses	Form C-103
District I 1625 N. French Dr., Hobbs, NM 87240 Energy, Minerals and Natural Resources	Revised March 25, 1999 WELL API NO.
District II / S - S O	30-015-32377
811 South First, Artesia, NM 87210 OLCONSERVATION DIVISION District III 2040 South Pacheco	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, MM 87410	STATE FEE X
District IV 2040 South Pacheco, Santa Fe, 181M 87505	6. State Oil & Gas Lease No.
SUNDRY NOTICES AND REPORTS ON WELLS  (DO NOT USE THIS FORM FOR PROPOSALS TO DELL' 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	7. Lease Name or Unit Agreement Name Crow Flats "11" State Com
Name of Operator Concho Oil and Gas Corp.	8. Well No. 2
3. Address of Operator 550 West Texas Avenue, Suite 1300 Midland, Texas 79701	9. Pool name or Wildcat Diamond Mound- Morrow
4. Well Location	Brantona Notata Monto
Unit Letter O : 660 feet from the South line and 1980 feet from the East line	
Section 11 Township 16S Range 28E	NMPM County Eddy
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3447 GR	
11. Check Appropriate Box to Indicate Nature of Notice,	
NOTICE OF INTENTION TO: SUI PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR	BSEQUENT REPORT OF: RK ALTERING CASING
	RILLING OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING  MULTIPLE  CASING TEST A CEMENT JOBS	
OTHER: OTHER:Continu	e Spud
<ol> <li>Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting and proposed work). SEE RULE 1103. For Multiple Completions: Attach diagram of proposed completion or recompletion.</li> <li>Day 19: PTD 9,800'. Extend starting hole @ 10:30 AM. Made 2' of hole.</li> </ol>	
I hereby certify that the information above is true and complete to the best of my knowl	edge and belief.
SIGNATURE STONE OF TITLE Regulatory Analys	
Type or print name	Telephone No.
(This space for State use)	QED 4 m one
APPROVED BY FOR RECORDS ONLY Conditions of approval, if any:	DATE DATE