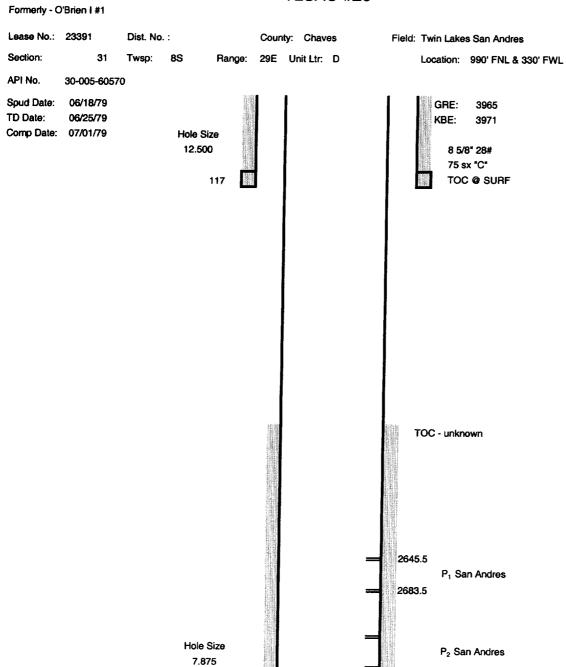
| Submit 3 Copies To Appropriate District                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | State of Ne                                      | ew Mexico                 | - 45r                          | Form C-103             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|---------------------------|--------------------------------|------------------------|
| Office<br>District I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Energy, Minerals and                             |                           |                                | Revised March 25, 1999 |
| 1625 N. French Dr., Hobbs, NM 88240<br>District II                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | OII CONCEDIA                                     | TION DIVIGION             | WELL API NO. 30005-60570       |                        |
| 811 South First, Artesia, NM 88210<br>District III                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | OIL CONSERVA<br>2040 Sout                        |                           | 5. Indicate Type of I          | Lease                  |
| 1000 Rio Brazos Rd., Aztec, NM 87410<br>District IV                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Santa Fe, N                                      |                           | STATE                          | FEE Z                  |
| 2040 South Pacheco, Santa Fe, NM 87505                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                  |                           | 6. State Oil & Gas             | Lease No. V            |
| SUNDRY NOTICES AND REPORTS ON WELLS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                  |                           | 7. Lease Name or Ur            | nit Agreement Name:    |
| (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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                  |                           | Twin Lakes San Andres Unit     |                        |
| PROPOSALS.)  1. Type of Well:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                  |                           | T WIN BUILDS BUILTING          |                        |
| Oil Well Gas Well                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Other Inje                                       | ection                    |                                |                        |
| 2. Name of Operator Concho Oil & Gas Corp.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                  |                           | 7. Well No.                    | 20                     |
| 3. Address of Operator                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                  |                           | 8. Pool name or Wildcat        |                        |
| 110 W. Louisiana Ste 410; Midland, Tx 79701                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                  |                           | Twin Lakes; San Andres (Assoc) |                        |
| 4. Well Location                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                  |                           |                                |                        |
| Unit Letter D: 990 Feet from the North line and 330 feet from the West line                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                  |                           |                                |                        |
| Section 31 Township 8S Range 29E NMPM Chaves County                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                  |                           |                                |                        |
| 10. Elevation (Show whether DR, RKB, RT, GR, etc.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                  |                           |                                |                        |
| 11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                  |                           |                                |                        |
| NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                  |                           |                                |                        |
| PERFORM REMEDIAL WORK   PL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                  |                           |                                | TERING CASING          |
| TEMPORARILY ABANDON   CH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | HANGE PLANS                                      | COMMENCE DRI              |                                | LUG AND                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | JLTIPLE                                          | CASING TEST AND           |                                | BANDONMENT             |
| Co                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | OMPLETION                                        | CEMENT JOB                |                                |                        |
| OTHER:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                  | OTHER:                    |                                |                        |
| 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                  |                           |                                |                        |
| Concho Oil & Gas Corp. respectfully requests approval to plug and abandon the TLSAU #20 well according to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  |                           |                                |                        |
| the following procedure:  1. Notify NMOCD Artesia 24 hrs prior to commencement of procedure.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                  |                           |                                |                        |
| 2. Set 150' cmt plug from <del>2590</del> -2740'. WOC. Tag.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                  |                           |                                |                        |
| 3. Circ hole w/ mud. 2545                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  |                           |                                |                        |
| 4. Cut csg @ 2025' & POOH. 5. Set 100' cmt plug @ 1975-2075'. WOC. Tag.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                  |                           |                                |                        |
| 6. Set 100' cmt plug @ 1973-2073'. WOC. Tag.  6. Set 100' cmt plug @ 1 <del>570-167</del> 0'. / 400' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 500' ↑ √ / 50 |                                                  |                           |                                |                        |
| 7 Set 100' emt plug @ 840 940'                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                  |                           |                                |                        |
| 8. Circ cmt from 167' to surface.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                  |                           |                                |                        |
| 9. Cut off wellhead & install dry hole marker.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                  |                           |                                |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                  |                           | (a)                            |                        |
| I hereby certify that the information abo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | true and complete to                             | o the best of my knowledg | e and belief.                  |                        |
| SIGNATURE TITLE <u>Production Analyst</u> DATE 9-28-01                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                  |                           |                                |                        |
| Type or print name Terri Stathem                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                  | Telephone No. 915/6       | 583-7443                       |                        |
| (This space for State use)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <del>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</del> | 1 _11                     |                                |                        |
| APPPROVED BY TITLE DUE DATE 10-10-01                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                  |                           |                                |                        |
| Conditions of approval, if any:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                  |                           |                                |                        |

## **TLSAU #20**



Original Perf Details: P1:2645.5, 46, 49,50, 51, 57, 58, 59, 65, 65, 66, 66.5, 67, 71, 71.5, 74.5, 75, 75.5, 78.5, 79, 79.5, 82.5, 83, 83.5 7000 gals 28% acid

4 1/2" 9.5#

225 sx

Rods and pump in hole

PBTD

TD

2760

2770

