

District I
1625 N. French Dr., Hobbs, NM 88240
District II
811 South First, Artesia, NM 88210
District III
1000 Rio Brazos Road, Aztec, NM 87410
District IV
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico
Energy Minerals and Natural Resources

Form C-104A
August 11, 2000

Oil Conservation Division
2040 South Pacheco
Santa Fe, NM 87505

Submit 1 copy of the final affected wells
list along with 2 copies of this form per
number of wells on that list to
appropriate District Office

Change of Operator

Previous Operator Information:

OGRID: 193407
Name: Concho Oil & Gas Corp.
Address: 110 W. Louisiana, Suite 410
Address: _____
City, State, Zip: Midland, Texas 79701

New Operator Information:

Effective Date: March 1, 2002
New Ogrid: 160190
New Name: MEW ENTERPRISE
Address: 300 S. Kentucky
Address: _____
City, State, Zip: Roswell, NM 88203

I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information on this form and the attached list of wells is true and complete to the best of my knowledge and belief.

New Operator
Signature: [Signature]
Printed name: M. Y. Merchant
Title: AGENT
Date: 1/31/02 Phone: (505) 397-3594

Previous operator complete below:

Previous
Operator: Concho Oil & Gas Corp.
Previous
OGRID: 193407
Signature: [Signature]
Printed
Name: Van N. Rodgers

NMOCD Approval

Signature: [Signature]
Printed
Name: District Supervisor
District: _____
Date: MAR 22 2002

171.22

Submit 3 Copies To Appropriate District
Office
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State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION
2040 South Pacheco
Santa Fe, NM 87505

Form C-103
Revised March 25, 1999

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		WELL API NO. 30005-60595
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input checked="" type="checkbox"/> <u>Injection</u>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Concho Oil & Gas Corp.		6. State Oil & Gas Lease No.
3. Address of Operator 110 W. Louisiana Ste 410; Midland, Tx 79701		7. Lease Name or Unit Agreement Name: Twin Lakes San Andres Unit
4. Well Location Unit Letter <u>E</u> : <u>2310</u> Feet from the <u>North</u> line and <u>330</u> feet from the <u>West</u> line Section <u>31</u> Township <u>8S</u> Range <u>29E</u> NMPM Chaves County		7. Well No. 30
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3969 GR		8. Pool name or Wildcat Twin Lakes; San Andres (Assoc)

11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPLETION <input type="checkbox"/> OTHER: Run Step Rate Test <input checked="" type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> OTHER: <input type="checkbox"/>
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 recompletion.	

Concho Oil & Gas Corp. respectfully requests approval to run a step rate test on the Twin Lakes San Andres Unit No. 30 well.

It is our intent to run the step rate test to determine if an increase in injection pressure is warranted.

Notify OCD 24 hrs. prior to any work done

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

SIGNATURE [Signature] TITLE Production Analyst DATE 10-17-01

Type or print name Ferri Stathern

Telephone No. 915/683-7443

(This space for State use)

APPROVED BY [Signature] TITLE Field Rep DATE 10-31-01

Conditions of approval, if any:

