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S-bmit 3 Copies To Appropriate District	State of New Mexico			CISC	Form C-103
Office District I	Energy, Minerals and Natural Resources			WELL API NO.	Revised March 25, 1999
1625 N. French Dr., Hobbs, NM 88240 District II	in IF				
811 South First, Artesia, NM 88210	1 South First, Artesia, NM 88210 OIL CONSERVATION DIVISION			5. Indicate Type o	f Lease
<u>District III</u> 1000 Rio Brazos Rd., Aztec, NM 87410				STATE 🔀	Ç FEE □
District IV 2040 South Pacheco, Santa Fe, NM 87505				6. State Oil & Ga	is Lease No.
SUNDRY NOTICES AND REPORTS ON WELLS				7. Lease Name or	Unit 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					
PROPOSALS.)	ATION FOR PERMIT" (FOR	KM C-101) F	OK SUCH	Twin Lakes San A	.ndres Unit
1. Type of Well:					
Oil Well Gas Well Other Injection 2. Name of Operator				7. Well No.	
Concho Oil & Gas Corp.				40	
3. Address of Operator				8. Pool name or Wildcat	
110 W. Louisiana Ste 410; Midland, Tx 79701 4. Well Location				Twin Lakes; San Andres (Assoc)	
4. Well Location					
Unit Letter K: 1650	Feet from the Sou	ıth lir	ne and 1650 fee	et from theWes	t line
S4 21	Township 8S	Danas	e 29E	NMPM Chaves	s County
Section 31	10. Elevation (Show				e County
	3986 GR				
	ppropriate Box to In	ndicate N			
NOTICE OF INT		,		SEQUENT REF	
PERFORM REMEDIAL WORK	PLUG AND ABANDO	N L	REMEDIAL WOR	ir. 🗀	ALTERING CASING L
				ILLING OPNS. 🗌	PLUG AND ABANDONMENT
PULL OR ALTER CASING	MULTIPLE COMPLETION		CASING TEST A CEMENT JOB	ND 🗆	
OTHER: Run Step Rate Test		\bowtie	OTHER:		
12. Describe proposed or complete of starting any proposed work). or recompilation.	d operations. (Clearly SEE RULE 1103. For	state all per r Multiple (rtinent details, and a	give pertinent dates, i h wellbore diagram o	ncluding estimated date of proposed completion
Concho Oil & Gas Corp. res Andres Unit No. 40 well.	pectfully requests	approva	l to run a step 1	rate test on the T	win Lakes San
It is our intent to run the step r	ate test to determin	e if an in	crease in injection	on pressure is war	ranted.
					RECEIVED OCD - ARTESIA
				,	516 11
				(6	2
				(8)	RECEIVED E
	Notify OCD 24 hrs.	prior to an-	J. 1	=	RECEIVED &
	, His.	Prior to any	work done	\ <u>\</u>	OCD ARTESIA
				/	62 5%
I hereby certify that the information	above if true and comp	plete to the	best of my knowled	lge and belief.	15348
SIGNATURE	Mall	TITLE_	Production Ana	lyst DATE	10-17-01
Type or print name Terri Stath	uem ()		Telephone No. 915	5/683_7443	
Type or print name Terri Stath (This space for State use)	\(\) \\ \		Telephone No. 91.	77007-1443	
(This space for State use)	7		Juld	Han V	
APPPROVED BY UCC	*	TITLE_		<u> </u>	_date <i>/0-31-01</i>
Conditions of approval, if any:				₽	