Submit 3 Copies To Appropriate District State of New Mexic	C15/	Form C-103
Office Energy Minerals and Natural	· H	Revised March 25, 1999
1625 N. French Dr., Hobbs, NM 88240 WELL API		
District II 811 South First, Artesia, NM 88210 OIL CONSERVATION DIVISION 300		S Type _v of/Lease
District III 2040 South Pachece	O STAT	re X FEE 🗆
District IV 2040 South Pacheco, Santa Fe, NM 87505 Santa Fe, NM 87505		il & Gas Lease No.
SUNDRY NOTICES AND REPORTS ON WELLS	7. Lease Na	me 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.)		San Andres Unit
1. Type of Well: Oil Well Gas Well Other Injection		
2. Name of Operator	7. Well No).
Concho Oil & Gas Corp.		32
3. Address of Operator 110 W. Louisiana Ste 410; Midland, Tx 79701		me or Wildcat San Andres (Assoc)
4. Well Location	1 WIII Lakes,	San Andres (Assoc)
II 'I the Co. 2210 Feet from the Court line and 2210 feet from the Feet line		
Unit Letter G: 2310 Feet from the South line and 2310 feet from the East line		
		Chaves County
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3989 GR		
11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INTENTION TO:	SUBSEQUENT	REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON RE	EMEDIAL WORK	☐ ALTERING CASING ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐ CO	OMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
· • · · · · - · - · · · · · · · · ·	ASING TEST AND EMENT JOB	
OTHER: Run Step Rate Test	THER:	
12. Describe proposed or completed operations. (Clearly state all pertine		lates, 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 run a step rate test on the Twin Lakes San Andres Unit No. 32 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		
	C 1 1 1 1 11 C	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNATURE TITLE Production Analyst DATE 10-17-01		
Type or print name Terri Stather Telephone No. 915/683-7443		
(This space for State use)		
APPPROVED BY TITLE DATE 10-31-01		
Conditions of approval, if any:		