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Form Approved
OMB No. 1004-0135
Department of the Interior
Bureau Of Land Management

Form Approved
OMB No. 1004-0135
Expires November 30, 2000
S. Lease Serial No.
NMNM95630

| | | | | | NMNM95630 | | | | |
|--|---|--|---|--|---|---|--|----------|--|
| | | | | | 6. If Indian, Allottee or Tribe Name | | | | |
| Abandoned well. Use form 3100-3 (APD) for such proposals. | | | | | 7. If Unit or CA/Agreement, Name and/or No. NMNM101669 | | | | |
| SUBMIT IN TRIPLICATE - Other Instructions On reverse side 256 / 35 / | | | | | 8. Well Name and No. | | | | |
| SUBMIT IN TRIPLICATE - Other | r instructions on rever | De sing u | 1:1 | 1955 T | - | | | | |
| 1. Type of Well: | | | | | Crow Flats 11 Federal Com #1 | | | | |
| | Other | | 000 | - (2) | 9. API We | | | | |
| 2. Name of Operator | 1 | က် ဂ္ဂ | 002 | 1415 | 30-015-30 | | | | |
| Concho Oil & Gas Corp. | 3h Phone N | to. (Include area | Vone | \ 6 | | | or Exploratory Area | | |
| 3. Address of Operator | , | (91 5) 683 A | 315311 | A 3/1 | | | Mound; Morrow | | |
| 110 W Louisiana, Ste 410 Midland, Texas 79701 (915) 683+7445 | | | | | 11. County or Parish, State | | | | |
| 4. Location of Well (Poolage, Sec., 1., R., M., or Survey Descripting | | | | | | | | | |
| 19AU PALAY 000 TWL. DCC 11, 1100, NAOD | | | | | | Eddy Co, NM | | | |
| 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data | | | | | | | | | |
| Type Of Submission Type Of Action | | | | | | on | | | |
| | Acidize | Deepen | | ☐ Produc | ction (Start/R | esume) | ☐ Water Shut-Off | | |
| ☐ Notice of Intent | ☐ Alter Casing | ☐ Fracture Trea | af | Reclai | | | ☐ Well Integrity | | |
| Subsequent Report | I _ | _ | | _ | | | dther — | | |
| | ☐ Casing Repair | ☐ New Constru | ction | Recon | • | | | <u></u> | |
| ☐ Final Abandonment Notice | Change Plans | Plug and Ab | andon | ☐ Temp | orarily Abanc | lon | workover | | |
| | ☐ Convert to Injection | ☐ Plug Back | | □ Water | Disposal | | | | |
| testing has been completed. Final Abandonr determined that the site is ready for final inspondent of the involved operation of the involved operation determined that the site is ready for final inspondent of the involved operation ope | t. Tag TOF @ 9445'. Set pkr @ 9440'. To a swab. TIH w/ tbg. Set cmt recover to a swab. W/ tbg. Tag TOC @ 90'. 9405'. Circ clean. Test a swab. I H & tag TOF @ 951 Swab. | Test RBP to 30 "2" – 9410" w/ et @ 9273". Te 263". RU swiv st squeeze 25 8". Perf 9494" | 000 ps 1000 g sted the el & re | i – ok. gals 7-1/: bg. Sque ec. unit. [– ok. Sw | 2% NEFE, eeze perfs t Orill 10' cm vab fluid do w/ RPB. M | 20% m f/ 9372' t to cmt own 250 IRU tbg | ethanol. 9410'. Squee ret @ 9273'. '0'. SDFW. | zed to | |
| | | | | | 1,10 | | | | |
| 14. I hereby certify that the foregoing is true and correct Name (Printed/Typed) Kim Stewart | | | Title | Regulator | y Analyst | | 2 2002 | | |
| | | | | | 1 | L | ES BABYAK | , 1 | |
| Signature Signature | 3. 1. a. I | 1 | Date | 11/25/02 | | PETRO | LEUM ENGINEE | <u> </u> | |
| THIS SPACE FOR FEDERAL OR STATE OFFICE USE | | | | | | | | | |
| | THIS STACE FUR F | EDERAL OR 3 | IAIL' | OLI ICE | | l | | | |
| | | | Title_ | | | D | ate | - | |
| Approved by | Approval of this notice doe | s not warrant or | 11110 | | | | | | |
| Conditions of approval, if any, are attached. Approval of this notice does not warrant or Certify that the applicant holds legal or equitable title to those rights in the subject lease Whick would entitle the applicant to conduct operations thereon. | | | Office | | | | | | |

Crowflats 11 Federal Com #1 Page 2

10/01/02 thru 10/02/02 RU and swab.

10/03/02 RIH w/ 1.875 XX plug, set in x-nipple @ 9422'. Load tbg and test plug 2000 psi – ok.

10/04/02 ND BOP & NU head and test.

10/05/02 RU and swab.

10/07/02 RIH w/ ret tool and latch & rel plug. POH. RU and swab.

10/08/02 thru 10/11/02 Swab well.

10/11/02 RDMO swab unit. Turned well to sales. FINAL REPORT.