

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT-" for such proposals.

N.M. Oil Cons. Division
811 S. 1st Street
Artesia, NM 88210-2834

SUBMIT IN TRIPLICATE

1. Type of Well
☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator
CONCHO RESOURCES INC.

3. Address and Telephone No.
110 W. LOUISIANA STE 410; MIDLAND, TX 79701 (915) 683-7443

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
1650' FSL & 660' FEL, SEC. 25, 16S, 27E

5. Lease Designation and Serial No.
NM 98807

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.
Carbon Valley '25' Federal #1

9. API Well No.
3001530953

10. Field and Pool, or Exploratory Area
Crow Flats Morrow

11. County or Parish, State
EDDY, NM

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☐ Notice of Intent
☒ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other Spud/Set Csg

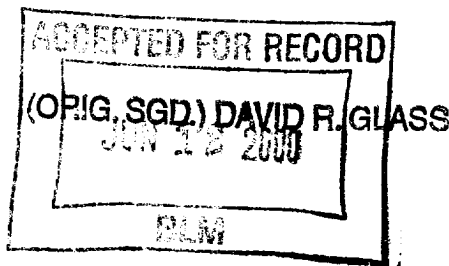
- ☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

06-05-00 Spud well @ 10:45 PM.

06-07-00 RIH W/ 8-5/8", 32#, J55, ST&C CSG & SET @ 1363'. CMT W/ LEAD: 800 SX 35/65 POZ C + ADDITIVES, FOLLOWED BY TAIL: 200 SX C + ADDITIVES. CIRC 150 SX TO PIT. WOC 12 HRS.



14. I hereby certify that the foregoing is true and correct

Signed [Signature]
(This space for Federal or State office use)

Title Production Analyst

Date 05/15/00

Approved by _____
Conditions of approval, if any:

Title _____

Date _____