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					Cons.	CORMAPPROVED CISP
Form 3160-5	UNITED STATE	ËS		N.M. DI	V-Dist. :	
(August 1999)	DEPARTMENT OF THE	INTERIOR			and A.E	nims November 30, 2000
	BUREAU OF LAND MANA	AGEMENT	•	Artesia, N	M 1882	The ALDAN
SUND	RY NOTICES AND REPO	ORTS ON W	ELLS			
Do not use t abandoned w	his form for proposals to vell. Use Form 3160-3 (AP	D) for such p	e∙enter a roposals	an S.	6. If Indian,	Allottee or Tribe Name
SUBMIT IN TRIPLICATE - Other instructions on rever				Side 7. If Unit or CA/Agreement, Name and/or No.		
1. Type of Well					NMNM 88499X	
Oil Well Gas Well Other					8. Well Name and No.	
2. Name of Operator					Benson Shugart Waterflood	
Concho Oil & Gas Corp.				9. API Well No. 20015 2		
3a. Address 3b. Phone No.					30015 21426 10. Field and Pool, or Exploratory Area	
110 W. Louisiana, Ste 410; Midland, Tx 797C2 (915) 6837443 4. Location of Well (Footage, Sec., T., R., M., or Survey Description)					Shugart Yates 7 Rvrs Qn	
4. Location of Well (Footage, Sec., I., K., M., or Survey Description) 1650' FSL & 330' FEL, Sec 25 18S 30E					11. County or Parish, State	
1650° FSL & 550° FLL, Sec 25° 108° 502				Eddy, NM		
12. CHECK A	PPROPRIATE BOX(ES) T	O INDICATE	NATUI	RE OF NOTICE, RE	EPORT, OR	OTHER DATA
TYPE OF SUBMISSION	TYPE OF SUBMISSION TYPE OF ACTION					
	Acidize	Deepen		XProduction (Start/	Resume) [Water Shut-Off
Notice of Intent	Alter Casing	Fracture To	re at	Reclamation	(Well Integrity
YTAY of hereing the sector	Casing Repair	New Const	truction	Recomplete	(Other
XXX Subsequent Report	Change Plans	Plug and A	bandon	Temporarily Aba	ndon	
Final Abandonment Notice	Convert to Injection	Piug Back		Water Disposal		k and approximate duration thereof. s of all pertinent markers and zones.
following completion of the in testing has been completed. F determined that the site is ready 8/14/01 POOH	wolved operations. If the operation imal Abandonment Notices shall by for final inspection.) w/ rods & pump. , 10 BW.	CO pump δ	r all requir	un. Returned	well to FOR REC 1 2001 SWOBOD	CORD
14. I hereby certify that the forego	ing is true and correct	<u>*•81.95</u>				
Name (Printed/Typed) Terri Stathen			Title	Production	Analyst	
Signature MM	Mal_		Date 8/17/01			
	THIS SPACE	FOR FEDERA	ULOR S	TATE OFFICE USE	<u> </u>	
A seround by:			T	itle	Da	le
Approved by Conditions of approval, if any, ar certify that the applicant holds le which would entitle the applicant t	o conduct operations thereon.	its in the subject	ant or t lease O	ffice		
Title 18 U.S.C. Section 1001 and States any false, fictitious or fraud	Title 43 U.S.C. Section 1212, mak ulent statements or representations	te it a crime for a as to any matter	ny person within its j	knowingly and willfully urisdiction.	to make to any	department or agency of the United

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