

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
7. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO. 30015 21582
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Brainard Gas Com
8. Well No. 2
9. Pool name or Wildcat Atoka Penn (Pro Gas)
10. Elevation (Show whether DF, RKB, RT, GR, etc.)

SUNDRY NOTICES AND REPORTS ON WELLS
(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.)

1. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER TA
2. Name of Operator Concho Resources Inc.
3. Address of Operator 110 W. Louisiana Ste 410; Midland, Texas 79701
4. Well Location Unit Letter P : 1180 Feet From The North Line and 1505 Feet From The East Line Section 11 Township 18S Range 26E NMPM Eddy County

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OR ALTER CASING <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
OTHER: <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: Temporarily Abandon- MIT <input checked="" type="checkbox"/>

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

The follow procedure was performed to TA the Brainard Gas Com #2:

3-5-98

1. MIRU. RIH w/pkr set @ 8546'. Perfs @ 8649-8655'.
2. Pressure up to 400# for 15 mins - held. 20# bleedoff - Passed.
3. RDMO.

OCD Representative on location - Ken Livingston.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE

Terri Stathem

TITLE

Production Analyst

DATE

4/24/98

TYPE OR PRINT NAME

Terri Stathem

TELEPHONE NO. 915-6837443

(This space for State Use)

APPROVED BY

Mike Swaffield

TITLE

Field Rep. II

DATE

May 1 - 98

CONDITIONS OF APPROVAL, IF ANY:

This Approval of Temporary
Abandonment Expires 2003

