|   |  |                              | - cls PAN   |   |      |  |
|---|--|------------------------------|---|---|------|--|
| Submit 3 Copies To Appropriate District State of  | State of New Mexico                    |                              |   | Form C-1                                  | 102  |  |
| Office  | Energy, Minerals and Natural Resources |                              |   | Revised March 25, 1                       |      |  |
| 1625 N. French Dr., Hobbs, NM 88240   |  |                              |   |   |      |  |
| 811 South Phst, Artesia, NW 80210   |  |                              |   | 30015-30897  ✓  5. Indicate Type of Lease |      |  |
| District III 2040 South Pacheco 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505   |  |                              | STATE ☑ FEE □   |   |      |  |
| District IV 2040 South Pacheco, Santa Fe, NM 87505  |  |                              | 6. State Oil & C  | as Lease No.                              |      |  |
| 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.)  |  |                              | 7. Lease Name or Unit Agreement Name: SOUTHERN CROSS '20' STATE COM |   |      |  |
| <ol> <li>Type of Well:         Oil Well ☐ Gas Well ☒ Other</li> </ol>   |  |                              |   |   |      |  |
| 2. Name of Operator   |  |                              | 8. Well No.   | 1   |      |  |
| CONCHO RESOURCES INC.  3. Address of Operator   |  |                              | 9. Pool name or Wildcat   |   |      |  |
| 110 W. LOUISIANA STE 410; MIDLAND TX 79701  |  |                              | ANTELOPE SIN  |   |      |  |
| 4. Well Location  |  |                              |   |   |      |  |
| Unit Letter P: 1200 feet from the   | SOUT                                   | H line and1                  | feet from   | the EAST li                               | ine  |  |
| Section 20 Township 18S Range 24E NMPM EDDY County  |  |                              |   |   |      |  |
| 10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3808' 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   | الا                                    | REMEDIAL WOR                 | к ⊔   | ALTERING CASING                           | 3 L  |  |
| TEMPORARILY ABANDON   |  | COMMENCE DRI                 | LLING OPNS.   | PLUG AND<br>ABANDONMENT                   |      |  |
| PULL OR ALTER CASING  |  | CASING TEST AI<br>CEMENT JOB | ND  |   |      |  |
| OTHER:  |  | OTHER: SPUD/S                | SET CSG   |   | Ø    |  |
| 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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation. |  |                              |   |   |      |  |
| 2/25/20 CDVD WELL O 1.15 A.M. MOT   |  |                              |   |   |      |  |
| 3/25/00 SPUD WELL @ 1:15 AM MST.  |  |                              |   |   |      |  |
| 3/27/00 RIH W/ 8-5/8" CSG & SET @ 1226'. CMT W/ LEAD #1: 200 SX H + ADDITIVES; LEAD #2: 400 SX 35/65 POZ C +  |  |                              |   |   |      |  |
| ADDITIVES; TAIL: 200 SX C +ADDITIVES. CIRC 220 SX CMT TO PIT.   |  |                              |   |   |      |  |
|   |  |                              |   |   |      |  |
|   |  |                              | , i   | ننن .<br>بند .                            | \    |  |
|   |  |                              | 00  | OF CEIVE                                  |      |  |
|   |  |                              | 12  | ARTESIA 6                                 | /    |  |
|   |  |                              | Olas  | 14 107                                    |      |  |
|   |  |                              | 126   | Loisiple: Littor                          |      |  |
| I hereby certify that the information above is true and complete to the best of my knowledge and belief.  |  |                              |   |   |      |  |
| SIGNATURE MM Auth   | _TITLE_                                | Production A                 | nalyst  | DATE_3/30/00                              |      |  |
| Type or print name Terri Stathem  |  | Telephone No. 93             | 15-683-7443   |   |      |  |
| (This space for State use)  |  |                              |   |   |      |  |
| APPPROVED BY FOR Read Cala BX   |  |                              |   |   |      |  |
| AITIKO VED DI A CARRA PARA PARA PARA PARA PARA PARA P   | TITLE                                  |                              |   | DATIAPR 0 ±                               | 2000 |  |