	. 1	-		c19.F	
Submit 3 Copies To Appropriate District	State of New Mexico		Form Cho?		
Office District I	Energy, Minerals and Natural Resources		WELL API NO	Revised March 25, 1999	
District II	OIL CONSERVATION DIVISION		30015-30898		
811 South First, Artesia, NM 88210 District III	2040 South Pacheco		5. Indicate Type of Lease STATE FEE □		
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, INIVI 8/303			6. State Oil & Gas Lease No.	
2040 South Pacheco, Santa Fe, NM 87505			7 I saga Nama	au I Init A arram ant Nome.	
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 Gas Well Other			1	or Unit Agreement Name: CROSS '22' STATE	
2. Name of Operator CONCHO RESOURCES INC.			7. Well No.	1	
3. Address of Operator			8. Pool name	or Wildcat	
110 W. LOUISIANA STE 410; MIDLAND TX 79701 ANTELOPE SINK NORTH MORROW 4. Well Location					
Unit Letter H : 170	0 feet from the NORT	H line and 1100		EAST line	
Section 22	Township 18S 0. Elevation (Show whether	Range 24E		DDY County	
3732' 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 REMEDIAL				ALTERING CASING	
TEMPORARILY ABANDON C	HANGE PLANS	COMMENCE DR	ILLING OPNS.	PLUG AND ABANDONMENT	
	MULTIPLE COMPLETION	CASING TEST A	CASING TEST AND		
OTHER:		OTHER: SPUD V	WELL & SET CSG	×	
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.					
04/18/00 SPUD WELL @ 8:00 pm MDT. 04/20/00 RIH W/ 8-5/8" CSG & SET @ 1243' . CMT W/ LEAD: 200 SX H + ADDITIVES; TAIL: 330 SX 35/65 POZ C + ADDITIVES. TOC @ 640'. TOP OFF W/ 725 SX C TO SURF, CIRC 25 SX TO PIT. I hereby certify that the information above is true and complete to the best of my knowledge and belief.					
SIGNATURE MU	TITI	LE <u>Production</u>	Analyst DA	TE_4-25-00	
Type or print name Term Stath	nam		Telephone N	Jo. 915-683-7443	
(This space for State use) APPPROVED BY musculful Conditions of approval, if any:	TITI	E rield Rop I		DATE 5/3/2000	