

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

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 & 1650' FWL, SEC. 29, T-18S, R-31E

5. Lease Designation and Serial No.
LC 029387A

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.
West Shugart '29' Federal #1

9. API Well No.
30015-29948

10. Field and Pool, or Exploratory Area
SHUGART; DELAWARE, WEST

11. County or Parish, State
EDDY CO., NM

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

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input type="checkbox"/> Other POOL NAME CHANGE
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> 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.)*
CONCHO RESOURCES INC. RESPECTFULLY REQUESTS A CHANGE IN POOL NAME FOR THE ABOVE FEDERAL WELL PER THE NMOCD.

POOL NAME AT COMPLETION: SHUGART; DELAWARE, WEST (96914)
THIS WELL WAS COMPLETED IN THE ABOVE POOL BUT WAS REPORTED INCORRECTLY ON THE WELL COMPLETION FORM.
PLEASE CHANGE RECORDS TO REFLECT THE CORRECT POOL NAME.



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

Signed

Title **PRODUCTION ANALYST**

Date **06/03/99**

(This space for Federal or State office use)

Approved by _____
Conditions of approval, if any:

Title _____

Date _____