

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

N.M. Oil & Gas Division  
811 S. 1st Street  
Artesia, NM 88210-2834

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)

2310' Fnl & 990' FWL, SEC. 19, 18S, 31E.

5. Lease Designation and Serial No.  
LC 029387 B

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

West Shugart '19' Federal #1

9. API Well No.

30015-30797

10. Field and Pool, or Exploratory Area

Shugart Bone Spring North

11. County or Parish, State

EDDY, NM

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

TYPE OF SUBMISSION

- ☐ Notice of Intent  
☒ Subsequent Report  
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment  
☐ Recompletion  
☐ Plugging Back  
☐ Casing Repair  
☐ Altering Casing  
☒ Other spud & set csg  
☐ Change of Plans  
☐ New Construction  
☐ Non-Routine Fracturing  
☐ Water Shut-Off  
☐ Conversion to Injection  
☐ Dispose Water

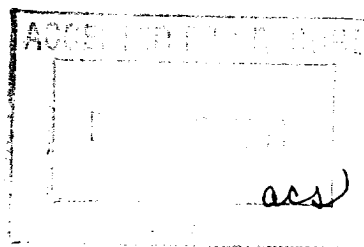
(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.)\*

12-3-99 Spud well @ 4:45 PM MST.

12-5-99 RIH w/ 13-3/8" csg & set @ 863' w/ lead cmt: 300 sx 15/85 POZ C + 2% CaCl + 2% SI + 1/4 PPS Celloflake + 5 PPS salt followed by tail cmt: 700 sx of 15/85 POZ C + 2% CaCl + 2% SI + 1/4 PPS Celloflake.

Did not circ. Used additional 400 sx of same type cmt to circ cmt to surface.



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

Signed

(This space for Federal or State office use)

Title Production Analyst

Date 12/07/99

Approved by

Conditions of approval, if any:

Title

Date