

CISF
DJP

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

DISTRICT II
P.O. 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. 30015-10060
Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
State Oil & Gas Lease No. V4322
Lease Name or Unit Agreement Name Rookie State
Well No. 1
Pool name or Wildcat Undes. Bone Spring

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	
2 Name of Operator Concho Resources Inc.	
3 Address of Operator 110 W. Louisiana, Ste 410; Midland, Tx 79701 (915) 683-7443	
4 Well Location Unit Letter <u>B</u> : <u>150</u> Feet From The <u>North</u> Line and <u>2056</u> Feet From The <u>East</u> Line Section <u>7</u> Township <u>22S</u> Range <u>26E</u> NMPM <u>Eddy</u> County	
5 Elevation (Show whether DF, RKB, RT, GR, etc.) 3662' GR	

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

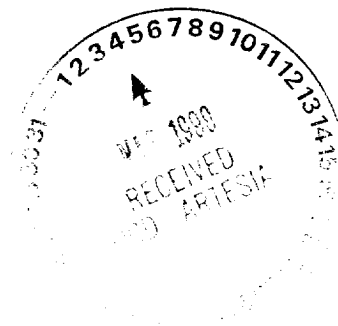
REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ANBANDONMENT ☒
CASING TEST AND CEMENT JOB ☐
OTHER: ☐

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 Rookie State #1 well was plugged and abandoned according to the following procedure:

10-22-98 Set CIBP @ 2588', spot 25 sxs on top. TOC 2348'.

10-23-98 Spot 40 sxs @ 8169-1728. Tagged. Pulled 1850' of csg. Spot 40 sx @ 780-660'. Spot 65 sx @ 186' to surface. Install P & A marker. RDMO.



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 03-03-99

TYPE OR PRINT NAME Terri Stathem

TELEPHONE NO. 915-683-7443

(This space for State Use)

APPROVED BY [Signature] TITLE [Signature] DATE 6-29-99

CONDITIONS OF APPROVAL, IF ANY: