

Submit 3 Copies To Appropriate District Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
811 South First, Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION
2040 South Pacheco
Santa Fe, NM 87505

Form C-103
Revised March 25, 1999

WELL API NO.
30015-20935

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name:
Cedar State

8. Well No. 1

9. Pool name or Wildcat
Avalon Bone Spring East

10. Elevation (Show whether DR, RKB, RT, GR, etc.)
3261'

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

2. Name of Operator
Concho Resources Inc.

3. Address of Operator
110 W. Louisiana Ste 410; Midland, Tx 79701

4. Well Location
Unit Letter K: 1980 feet from the South line and 1980 feet from the West line
Section 11 Township 21s Range 27E NMPM Eddy County

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

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
MULTIPLE COMPLETION <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
OTHER: MIT/Casing Integrity Test <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: return well to production <input checked="" type="checkbox"/>

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.

3/5/01 Open well to see if capable of producing. Well started flowing.

Return well to production: Test: 21 BO, 1 BW, 0 MCF.

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 4/2/01

Type or print name Terri Stathem Telephone No. 915-683-7443

(This space for State use)

APPROVED BY ORIGINAL MAILED BY TMS W GUM DATE APR 04 2001

Conditions of approval, if any: