

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)
2370' FNL & 660' FEL, SEC 24, T-22S, R-25E

5. Lease Designation and Serial No.
NM 05554477-A
6. If Indian, Allottee or Tribe Name
7. If Unit or CA, Agreement Designation
NMNM94520
8. Well Name and No.
Filaree '24' Federal Com #1
9. API Well No.
30015-29280
10. Field and Pool, or Exploratory Area
WILDCAT STRAWN
11. County or Parish, State
EDDY CO., NM

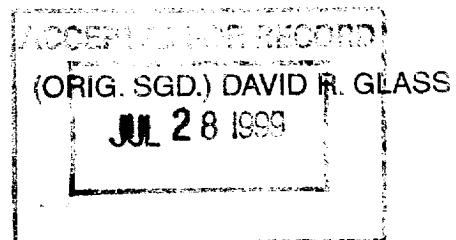
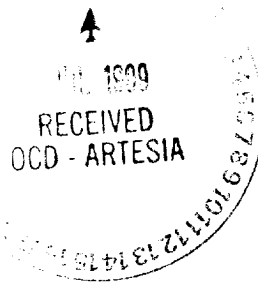
12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION	
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> Other ACID WELL/RTP	<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.)*

11-5-98 MIRU.
11-6-98 Acidize Strawn perms @ 9798-9808 & 9848-9874 w/ 10,000 gals 15% Carbonate completion acid w/ 30% CO₂. Swab well.
11-7-98 Swabbing.
11-8-98 Recovering acid load.
11-9-98 Turn gas down sales line.
11-10-98 484 MCF, 0 BO, 0 BW. FTP 440# 17/64 choke.



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

Signed [Signature]
(This space for Federal or State office use)

Title PRODUCTION ANALYST

Date 06/03/99

Approved by _____
Conditions of approval, if any:

Title _____

Date _____