

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.
3001531490

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

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 M : 1533 feet from the SOUTH line and 918 feet from the WEST line
Section 5 Township 22S Range 26E NMPM EDDY County

7. Lease Name or Unit Agreement Name:
RIFLEMAN '5' STATE

7. Well No.
1

8. Pool name or Wildcat
HAPPY VALLEY MORROW

10. Elevation (Show whether DR, RKB, RT, GR, etc.)
3559' GR

11. 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 ☐ MULTIPLE COMPLETION ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

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

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.

01/25/01 RIH w/ 9-5/8" K55, 40# ST&C csg & set @ 2282'. Cmt w/ 200 sx H cmt + additives; Lead 2: 1200 sx 50/50 Poz C + additives; tailed w/ 200 sx C + additives. Circ 100 sx to pit.



I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE [Signature] TITLE Production Analyst DATE 2/01/01

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

(This space for State use)

APPROVED BY _____ TITLE _____ DATE _____

Conditions of approval, if any: Note WOC Time