Submit 3 Copies to Appropriate District Office

## State of New Mexico E. \_\_y, Vinerals and Natural Resources Department



OIL CONSERVATION DIVISION DISTRICT WELL API NO. P.O. Box 1980, Hobbs, NM 88240 2040 Pacheco St. 30015-22205 Santa Fe. NM 87505 DISTRICT II sIndicate Type of Lease P.O. Drawer DD, Artesia, NM 88210 STATE FEE DISTRICT III «State Oil & Gas Lease No. 1000 Rio Brazos Rd., Aztec, NM 87410 SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" PARR (FORM C-101) FOR SUCH PROPOSALS.) Type of Well: GAS WELL 🔀 «Well No. ₂Name of Operator ¥ 1 CONCHO RESOURCES INC. Pool name or Wildcat 3Address of Operator YARROW DELAWARE 110 W. LOUISIANA STE 410; MIDLAND, TX 79701 ₄Well Location 990 EAST SOUTH 990 Feet From The Line and Unit Letter Feet From The **EDDY** 26F County 23S **NMPM** 15 Township Range Section DElevation (Show whether DF, RKB, RT, GR, etc.) 3 3321' GR Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: PLUG AND ABANDON ALTERING CASING REMEDIAL WORK PERFORM REMEDIAL WORK PLUG AND ANBANDONMENT COMMENCE DRILLING OPNS. CHANGE PLANS **TEMPORARILY ABANDON** CASING TEST AND CEMENT JOB PULL OR ALTER CASING OTHER: OTHER: RECOMPLETE 12Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103. CONCHO RESOURCES INC. RESPECTFULLY REQUESTS APPROVAL TO RECOMPLETE THE PARR #1 ACCORDING TO THE FOLLOWING PROCEDURE. 1. POOH LD 2-3/8" TBG. RIH & SET 5-1/2" CMT RET @ 1850'. 3. SQUEEZE PERFS @ 1926-32' W/ 100 SX C CMT. 4. DO RET & CMT & TEST TO 1000 PSI. DC CIBP @ 2520'. RIH TO PBTD @ 2967'. 5. RIH & SET 5-1/2" CMT RET TO 2480'. SQUEEZE PERFS @ 2566-92' W/ 150 SX C CMT. 7. DO RET & CMT & TEST TO 1000 PSI. 8. RIH W/ CSG GUN & PERF W/ 2 SPF @ 2706-26' (41 SHOTS). 9. RIH W/ RTTS & 2-7/8" TBG TO 2726'. 10. ACID ZONE W/ 2000 GALS 7.5 % NEFE. SWAB TEST ZONE. EVALUATE FOR ADDITIONAL STIMULATION. true and complete to the best of my knowledge and belief. I hereby certify that the intomation above DATE 01-27-00 TITLE PRODUCTION ANALYST SIGNATURE TELEPHONE NO. 915-683-7443 TERRI STATHEM TYPE OR PRINT NAME

TITLE

CONDITIONS OF APPROVAL, IF ANY:

ORIGINAL SIGNED BY TIM W. GUM

DISTRICT II SUPERVISOR

(This space for State Use)

APPROVED BY