

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.
30015-28800

Indicate Type of Lease

STATE ☒

FEE ☐

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.)

Type of Well:

OIL
WELL ☐

GAS
WELL ☒

OTHER

Name of Operator
CONCHO RESOURCES INC.

Well No.
1

Address of Operator
110 W. LOUISIANA STE 410; MIDLAND TX 79701

Pool name or Wildcat
CARLSBAD SOUTH MORROW

Well Location

Unit Letter C : 660 Feet From The NORTH Line and 1980 Feet From The WEST Line

Section 28 Township 23S Range 26E NMPM EDDY County

Elevation (Show whether DF, RKB, RT, GR, etc.)
3336 GR

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: SURFACE COMMING/ OFF LEASE SALES GAS PROD ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ANBANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

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.

CONCHO RESOURCES INC. RESPECTFULLY REQUESTS APPROVAL FOR SURFACE COMMINGLING AND OFF LEASE SALES AND MEASUREMENT OF THE GAS PRODUCTION FROM THE F. H. '29' Federal Com No. 1 WELL. THE GAS PRODUCTION WILL BE COMMINGLED PRIOR TO SELLING AT THE F.H. '28' STATE NO. 1 BATTERY.

THE GAS PRODUCTION WILL BE METERED AT EACH WELL PRIOR TO COMMINGLING WITH THE F. H. "28" STATE NO. 1 WELL

PLEASE SEE APPLICATION FOR ADMINISTRATIVE APPROVAL FOR MORE DETAILS.



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

SIGNATURE TERRI STATHEN

TITLE PRODUCTION ANALYST

DATE 11-09-99

TYPE OR PRINT NAME TERRI STATHEN

TELEPHONE NO. 915-683-7443

(This space for State Use)

For Record Only

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: