

Submit 3 Copies To Appropriate District Office

District I

1625 N. French Dr., Hobbs, NM 88240

District II

1301 W. Grand Ave., Artesia, NM 88210

District III

1000 Rio Brazos Rd., Aztec, NM 87401

District IV

1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico

Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION

220 South St. Francis Dr.

Santa Fe, NM 87505

CLSF
APK

Form C-103

Revised March 25, 1999

WELL API NO.

30-015-32420

5. Indicate Type of Lease

STATE ☐ FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name:

Todd "2" State

1. Type of Well:

Oil Well ☒ Gas Well ☐ Other ☐

2. Name of Operator

Concho Oil & Gas, Corp.

3. Address of Operator

110 W. Louisiana, Ste 410 Midland, TX 79701

8. Well No.

#11

9. Pool name or Wildcat

Ingle Wells; Delaware

4. Well Location

Unit Letter C : 660 feet from the North line and 1980 feet from the West line

Section 2 Township 24S Range 31E NMPM County Eddy

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

3526' 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: ☒ Spud & set surface csg & cmt.

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.

10/05/02 Spud 17-1/2" hole @ 7:00 PM MDT 10/4/02. Drilled to 667'.

10/0602 Ran 13-3/8" 48# H-40 ST&C casing & set @ 667'. Cmt w/355 sxs 35/65 Poz C + additives and 205 Cl "C" + additives. Circ 180 sxs to surface. WOC 18 hrs.

10/07/02 NU BOP and test. Resume drlg.

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

SIGNATURE Kim Stewart TITLE Regulatory Analyst DATE 10/14/02

Type or print name

Kim Stewart

Telephone No. 915/ 683-7443

(This space for State use)

ORIGINAL SIGNED BY TIM W. GUM
DISTRICT II SUPERVISOR

APPROVED BY [Signature] TITLE _____

OCT 25 2002
DATE _____

Conditions of approval, if any: