

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N. M. Oil Cons. Division
800 S. 1ST ST.
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)
1880' FNL & 1880' FWL, SEC. 24, T-22S, R-25E

5. Lease Designation and Serial No.
NM 055447A

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.
Filaree '24' Federal Com #2

9. API Well No.
30015-29799

10. Field and Pool, or Exploratory Area
Happy Valley Morrow Gas

11. County or Parish, State

Eddy

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

TYPE OF SUBMISSION

- ☐ Notice of Intent
☒ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other drilling extension request
☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ 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.)

DUE TO OUR RECENT ACQUISITION OF THIS PROPERTY, CONCHO RESOURCES INC. RESPECTFULLY REQUESTS AN EXTENSION OF THE PERMIT TO DRILL FOR THE ABOVE WELL.

RECEIVED
OLD ARTESIA

Approved For 12 Month Period
Ending 8/18/2000

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

Signed [Signature]

Title PRODUCTION ANALYST

Date 08/10/99

(This space for Federal or State office use)

Approved by [Signature]
Conditions of approval, if any:

Title Production Analyst

Date 8/30/99