

Submit 3 Copies To Appropriate District
Office

District I

1625 N. French Dr., Hobbs, NM 87240

District II

811 South First, Artesia, NM 87210

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.

30-025-36390

5. Indicate Type of Lease

STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name
Tres Papalotes

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.

8. Well No. 1

3. Address of Operator 550 West Texas Avenue, Suite 1300
Midland, Texas 79701

9. Pool name or Wildcat
Wildcat; Upper Penn.

4. Well Location

Unit Letter B : 660 feet from the North line and 1980 feet from the East line

Section 4 Township 15S Range 34E NMPM County Lea

10. Elevation (Show whether DR, RKB, RT, GR, etc.)
4114 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 JOBS ☒

OTHER: ☐

12. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting and proposed work). SEE RULE 1103. For Multiple Completions: Attach diagram of proposed completion or recompletion.

9-15-03 Spud 17 1/2" hole.

9-17-03 Ran 11 jts. 13 3/8" 48# H-40 STC csg. set @ 473'. Ran 6 centralizers and cemented w/500 sx Cl C + 2% CaCl₂ + 1/4# CF followed by 1" w/100 sx Cl C + 2% CaCl. WOC 24 hr.

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

SIGNATURE Brenda Coffman TITLE Regulatory Analyst

DATE 10/01/2003

Type or print name

Telephone No.

(This space for State use)

APPROVED BY Larry W. Wink TITLE OC DISTRICT SUPERVISOR/GENERAL MANAGER DATE OCT 07 2003

Conditions of approval, if any:

