Submit 3 Copies To Appropriate District	State of New Mexico		PP	Form C-103
Office District i	Energy, Minerals and Natural Resources			Revised March 25, 1999
1625 N. French Dr., Hobbs, NM 88240			WELL API NO. 30015-31437	
District II 811 South First, Artesia, NM 88210	OIL CONSERVATION DIVISION		5. Indicate Typerof	Lease
District III 1000 Rio Brazos Rd., Aztec, NM 87410	2040 South Pacheco		STATE X	FEE 🗆
District IV	Santa Fe, INIVI 8/303		6. State Oil & Gas	
2040 South Pacheco, Santa Fe, NM 87505	EG AND DEDODTE ON WELL	C	7 1 N	Jnit Agreement Name:
(DO NOT USE THIS FORM FOR PROPOSA DIFFERENT RESERVOIR. USE "APPLICA PROPOSALS.)	ES AND REPORTS ON WELL ALS TO DRILL OR TO DEEPEN OR PI ATION FOR PERMIT" (FORM C-101) F	LUG BACK TO A	SOUTHERN CRO	
1. Type of Well: Oil Well Gas Well	Other	T-0, 2001	32	
2. Name of Operator CONCHO RESOURCES INC.		RECEIVED OCD - ARTESIA	75 Well No.	3
3. Address of Operator		000 /1112011	8/ Pool name or W	
110 W. LOUISIANA STE 410; MID	LAND TX 79701		Cisco	
4. Well Location		THE PERSON NAMED IN THE PE		
Unit Letter P : 110	00 feet from the SOUTH	line and 990	feet from theEA	ASTline
Section 21		ange 24E	NMPM EDD	Y County
	10. Elevation (Show whether D 3783' GR	· · · · · · · · · · · · · · · · · · ·		
11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:				
NOTICE OF INT		REMEDIAL WORK		ORT OF: ALTERING CASING \Box
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRI		PLUG AND ABANDONMENT
	MULTIPLE COMPLETION	CASING TEST AN CEMENT JOB		ADANDONMENT
OTHER: Waiver of 4 Pt/1 Pt test	\mathbf{A}	OTHER:		
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.				
Concho Resources Inc. respectfully requests approval to waive the 4 Pt and/or 1 Pt test for this well. Because of the low volume of gas production we feel the data received from either of these tests would be inconclusive.				
			RECE	IVED
			AUG 1	5 2001
			PRODUCTI	ON DEPT.
			11020	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.				
SIGNATURE	TITLE	Production A	Analyst DATE	2/26/01_
Type or print name Terri Stat	them		Telephone No. 91	5-683-7443
	NAL SIGNED BY TIM W. GU	M		DATE MAR - 5 2001