

• 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

Form C-103
Revised March 25, 1999

WELL API NO.	30-015-33005
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	
6. 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.)

7. Lease Name or Unit Agreement Name
Ponderosa "20" State

1. Type of Well:

Oil Well ☐ Gas Well ☒ Other

2. Name of Operator
CONCHO RESOURCES INC.

8. Well No. 001

3. Address of Operator 550 W. TEXAS, SUITE 1300 MIDLAND TX 79701

9. Pool name or Wildcat
Undes Illinois Camp; Morrow, North

4. Well Location

Unit Letter J : 1650 feet from the South line and 1550 feet from the East line

Section 20 Township 18S Range 28E NMPM County Eddy

10. Elevation (Show whether DR, RKB, RT, GR, etc.)
3578' 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.

11-23-03 In 12 1/4" hole, ran 105 jts. 9 5/8" 40# HCK-55 LT&C csg. set @ 4503'. Ran 20 centralizers and cmt'd w/1100 sx 50/50 Poz C + 5% salt + 1/4 PPS CF + 3 PPS gilsonite & tailed in w/200 sx CI C + 1% CaCl. Circulated 115 sx to pit.

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 11/25/2003

Type or print name BRENDA COFFMAN

Telephone No. (432)685-4373

(This space for State use)

APPROVED BY ME Accepted for record - NMOC TITLE DATE 11/26/03

Conditions of approval, if any: