

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

CIST
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DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION

2040 Pacheco St.
Santa Fe, NM 87505

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO. 3001522583
Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
State Oil & Gas Lease No.
Lease Name or Unit Agreement Name Graham State Com
Well No. 1
Pool name or Wildcat Black River, Atoka North

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.)

Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER
Name of Operator ✓ Concho Resources Inc.
Address of Operator 110 W. Louisiana, Ste 410; Midland, Tx 79701
Well Location Unit Letter <u>N</u> : <u>660</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>West</u> Line Section <u>35</u> Township <u>23S</u> Range <u>26E</u> NMPM <u>Forlea</u> County
Elevation (Show whether DF, RKB, RT, GR, etc.) 3279 GR

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Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	
OTHER: <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ANBANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: Plugback to Atoka <input checked="" type="checkbox"/>	

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.

3/17/99 POOH w/ tbg. RIH & Set CIBP @ 11070'. (abandon Morrow pool) Dump 35' cmt on top. Circ hole w/ 2% KCL wtr.
 3/19/99 Pickle tbg @ 10990'. Spot 3 bbls 15% acid @ 10990'to 10864'.
 3/22/99 RIH w/ tbg & set pkr @ 10499'. Perf Atoka @ 10975-80, 10876-90 - 40 holes w/ 2 SPF.
 3/23/99 Acidize w/ 4000 gals 20% NEFE + 50% CO2. 80 BLWTR.
 3/24/99 Swab well - recovered 162 bbls water.
 3/29/99 Well died.
 3/30/99 RIH & set CIBP @ 10850'. Dump 35' cmt on top.
 4/1/99 Perf Atoka @10576-82 -13 holes w/ 2 SPF. Acidize w/ 1000 gals 20% NEFE+1000 gals CO2 @ 2-4 PM.
 Started flowing back @ 3 PM.
 4/3/99 Return well to production. 219 MCF, No fluid. Turned gas down sales line.



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

SIGNATURE [Signature] TITLE Production Analyst DATE 04-15-99
 TYPE OR PRINT NAME _____ TELEPHONE NO. _____

(This space for State Use)

ORIGINAL SIGNED BY TIM W. GUM
DISTRICT II SUPERVISOR

APPROVED BY [Signature] TITLE _____ DATE 4-21-99

CONDITIONS OF APPROVAL, IF ANY: