Submit 3 Copies To Appropriate District Office	State of New Mexico			Form C-103 Revised June 10, 2003		
<u>District I</u> 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources			WELL AP	I NO.	2003
<u>District II</u> 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION			5 Indicate	30-015-33134	
District III 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.				Type of Lease	
District IV	Santa Fe, NM 87505			6. State Oi	l & Gas Lease No.	
1220 S. St. Francis Dr., Santa Fe, NM 87505						
SUNDRY NOTI (DO NOT USE THIS FORM FOR PROPOSITION OF THE PROPOSALS.)		EN OR PL	UG BACK TO A	7. Lease N Jake State	ame or Unit Agreement Na	me
1. Type of Well:				8. Well Number		
Oil Well Gas Well X	oil Well Gas Well X Other RECEIVE			4		
2. Name of Operator Concho Resources, Inc.			APR 2 6 2004	9. OGRID Number 193407		
3. Address of Operator PO Box Midland,	11050 TX 79702-8050	C	CD-ARTESIA		ame or Wildcat er Morrow, Southwest	
4. Well Location						
Unit Letter E :	feet from the	North	line and 6	560	feet from the West	line
Section 36	Township 24S	R	ange 26iE	NMPM	County Eddy	
11. Elevation (Show whether DR, RKB, RT, GR, e						
12 Charle	3323 GR	licata Ni	latura of Nation	Domant and	Other Date	
NOTICE OF IN	Appropriate Box to Ind	iicaie N			REPORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON		REMEDIAL WOR	-	☐ ALTERING CASING	r 🔲
TEMPORARILY ABANDON	CHANGE PLANS	X	COMMENCE DRII	LLING OPNS.		
PULL OR ALTER CASING	MULTIPLE COMPLETION		CASING TEST AN CEMENT JOB	ID	ABANDONMENT	
OTHER:			OTHER:			
13. Describe proposed or comp						
of starting any proposed wo or recompletion. CHANGE IN CASING PROGRA	•	or Multip	le Completions: At	ttach wellbore	e diagram of proposed com	pletion
		of the O	5/811 from 2 1001 to	1 0001 and th	o 4 1/2" againg from 11 900	) 4a
Please, consider this our request to change the setting depth of the 9 5/8" from 2,100' to 1,990' and the 4 1/2" casing from 11,800 to 11,900' and change the TD from 11,800 to 11,900'						
	,					
I hereby certify that the information	above is true and complete	to the b	est of my knowledg	ge and belief.		
SIGNATURE TO NEW OCC	Coffman T	TITLE_R	egulatory Analyst		DATE 04/26/200	4
Type or print name		E-mail ac	ddress:		Telephone No.	
(This space for State ase)			Dutrict Su	Aures	- A	2004
	W. Grow T	ITLE	7,5		APR 2 8DATE	<u></u>
Conditions of approval, if any:						