Submit 3 Copies To Appropriate District Office	State of New Mexico		Form C-103	
District I	Energy, Minerals and Natural Resource	S THE LANG.	Revised March 25, 1999	
1625 N. French Dr., Hobbs, NM 87240		WELL API NO.	30-015-32987	
District II 811 South First, Artesia, NM 87210	OIL CONSERVATION DIVISION	5. Indicate Type		
District III	2040 South Pacheco	STATE [FEE X	
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, NM 87505		Gas Lease No.	
2040 South Pacheco, Santa Fe, NM 87505		o. State on a c	Sus Deuse 110.	
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:			r Unit Agreement Name RECEIVED	
Oil Well X Gas Well C Other			NOV 2 0 7003	
2. Name of Operator CONCHO RESOURCES INC.		8. Well No. 00	OCD-ARTESIA	
3. Address of Operator 550 W. TEXAS, SUITE 1300 MIDLAND TX 79701			9. Pool name or Wildcat Undess Harroun Ranch; Delaware, NE	
4. Well Location				
Unit Letter F	1650 feet from the North line	e and 1980 feet fro	om the West line	
Section 20	Township 23S Range 29E	NMPM	County Eddy	
	10. Elevation (Show whether DR, RKB, RT, 2958	GR, etc.)		
11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data				
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:				
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMED	IAL WORK	ALTERING CASING [
TEMPORARILY ABANDON	CHANGE PLANS COMME	NCE DRILLING OPNS. X	PLUG AND	
PULL OR ALTER CASING MULTIPLE CASING TEST AND CEMENT JOBS				
OTHER:	OTHER		X	
 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. 11-11-03 Spud 17 1/2" hole @ 3:30 PM 11-12-03 Ran 10 jts of 13 3/8" 48# H-40 ST&C csg. set @ 434'. Ran 6 centralizers and cemented with 400 sx Cl C + 2% CaCl2 + 1/4# CF. Circ. 85 sx to pit. 				
I haraby coutify that the information	a characteristic and complete to the base of	. 1		
SIGNATURE SIGNATURE	n above is true and complete to the best of m	y knowledge and belief. TORY ANALYST	DATE 11/18/2003	
Type or print name BRENDA COF	FMAN	Tele	ephone No. (432)685-4373	
(This space for State use)			(12)(00)	
	R RECORDS ONLY		NOV 2 0 2003	
	lore woc			