

Submit 1 Copy To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM
87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
October 13, 2009

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO. 30-015-37581	
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name Wild Cap State <input checked="" type="checkbox"/>	
8. Well Number 6H <input checked="" type="checkbox"/>	
9. OGRID Number 229137	
10. Pool name or Wildcat WC Williams Sink; Bone Spring <input checked="" type="checkbox"/>	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3480'	

12. 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 COMPL ☐
DOWNHOLE COMMINGLE ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐
OTHER: Completion Operations ☒

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

1/28/11 to 2/1/11 MIRU WSU. Tested csg to 2500#. Ok. Tag & drill out DVT. Cleaned down to 12008'. Circulate well clean.
2/5/11 to 2/24/11 Perforate Bone Spring 9450-13500'. Acidz w/27606 gal 15% acid; Frac w/2884329# sand & 2564933 gal fluid.
2/25/11 to 2/26/11 Drill out all frac plugs. Start flowing back & testing.

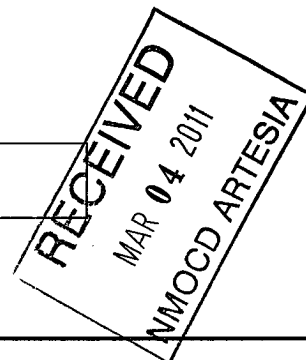
No tubing in hole.

Spud Date:

9/30/10

Rig Release Date:

10/25/10



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

SIGNATURE Stormi Davis

TITLE: Regulatory Analyst

DATE: 3/4/11

Type or print name: Stormi Davis

E-mail address: sdavis@conchoresources.com

PHONE: (575) 748-6946

For State Use Only

APPROVED BY: Daniel Gray

TITLE Field supervisor

DATE 3-14-11

Conditions of Approval (if any):