

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

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

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

OIL CONSERVATION DIVISION

2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO.
30005-61033

Indicate Type of Lease

STATE ☒

FEE ☐

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.)

Type of Well:

OIL
WELL ☐

GAS
WELL ☒

OTHER WIW

Name of Operator
Concho Oil & Gas Corp.

Lease Name or Unit Agreement Name
Twin Lakes San Andres Unit

Well No.
90

Address of Operator
110 W. LOUISIANA STE 410; MIDLAND TX 79701

Pool name or Wildcat
Twin Lakes San Andres (Associated)

Well Location

Unit Letter m : 990 Feet From The SOUTH Line and 330 Feet From The WEST Line

Section 5 Township 9S Range 29E NMPM Chaves County

Elevation (Show whether DF, RKB, RT, GR, etc.)
3920.9' 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 ☐

OTHER: return well to injection



SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ANBANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

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.

Concho Oil & Gas Corp. respectfully requests approval to return the Twin Lakes San Andres Unit No. 90 well to injection according to the following procedure:

1. MIRU WSU. POOH w/ tbg & pkr.
2. TIH w/ scraper & stacked out @ 170'. Ran impression block, csg parted. Ran mule shoe & go inside csg. RIH w/ 85 jts tbg to 2675'. Set cmt plug @ 2675' to isolate injection interval.
3. Repair csg & return to injection.

*Notific N.M.O.C.D. To witness MET after Repair.

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

SIGNATURE

TITLE Production Analyst

DATE 03-09-01

TYPE OR PRINT NAME Terri Stathem

TELEPHONE NO. 915-683-7443

(This space for State Use)

APPROVED BY

TITLE Field Rep. II

DATE 3/19/2001

CONDITIONS OF APPROVAL, IF ANY: