

Submit 3 Copies To Appropriate District Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
811 South First, Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION
2040 South Pacheco
Santa Fe, NM 87505

Form C-103
Revised March 25, 1999

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.)		WELL API NO. 30005-61107
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other <input type="checkbox"/> Injection <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Concho Oil & Gas Corp.		6. State Oil & Gas Lease No.
3. Address of Operator 110 W. Louisiana Ste 410; Midland, Tx 79701		7. Lease Name or Unit Agreement Name: Twin Lakes San Andres Unit
4. Well Location Unit Letter <u>A</u> : <u>330</u> feet from the <u>North</u> line and <u>990</u> feet from the <u>East</u> line Section <u>7</u> Township <u>9S</u> Range <u>29E</u> NMPM Chaves County		7. Well No. 95
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3910 gl		8. Pool name or Wildcat Twin Lakes; San Andres (Assoc)

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 ☐ MULTIPLE COMPLETION ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: return well to injection ☒

12. 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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.

02/23/01 Return well to Injection.

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

SIGNATURE Terri Stathem TITLE Production Analyst DATE 3/2/01

Type or print name Terri Stathem Telephone No. 915/683-7443

(This space for State use)

APPROVED BY mae S. Kelly TITLE Field Rep. # DATE 3/15/2001
Conditions of approval, if any: