

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

WELL API NO.
30005-62068

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name:

Twin Lakes San Andres Unit

7. Well No.

105

8. Pool name or Wildcat

Twin Lakes; San Andres (Assoc)

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:

Oil Well ☐ Gas Well ☒ Other ☐ Injection ☐

2. Name of Operator

Concho Oil & Gas Corp.

3. Address of Operator

110 W. Louisiana Ste 410; Midland, Tx 79701

4. Well Location

Unit Letter H : 2310 feet from the North line and 330 feet from the East line

Section

12

Township

9S

Range

28E

NMPM

Chaves

County

10. Elevation (Show whether DR, RKB, RT, GR, etc.)

3905 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 ☐ 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 recompletion.

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 Perri Stathem TITLE Production Analyst DATE 3/2/01

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

(This space for State use)

APPROVED BY Mike Stillfield TITLE Field Rep. # DATE 3/19/2001
Conditions of approval, if any: