

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
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised March 25, 1999

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

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.
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator EXCO Resources, Inc.		6. State Oil & Gas Lease No.
3. Address of Operator 6500 Greenville Ave., Suite 600, Dallas, TX 75206		7. Lease Name or Unit Agreement Name: Rose Federal
4. Well Location Unit Letter <u>E</u> : 1980 feet from the <u>North</u> line and <u>660</u> feet from the <u>West</u> line Section <u>21</u> Township <u>05S</u> Range <u>25E</u> NMPM <u>NM</u> County <u>Chaves</u>		8. Well No. 18
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3837'		9. Pool name or Wildcat Pecos Slope EIA547405

11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPLETION <input type="checkbox"/> OTHER: Well Name Change <input checked="" type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> OTHER: Name Change <input checked="" type="checkbox"/>

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.

Old Name: Rose Federal 17

New Name: Rose Federal 18

Refer to Form C-101 and attachments



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

SIGNATURE [Signature] TITLE Consulting Engineer DATE 6/13/01

Type or print name R.L. Hilbun Telephone No. (405) 232-8338

(This space for State use)

APPROVED BY [Signature] TITLE SUPERVISOR, DISTRICT II DATE JUN 18 2001

Conditions of approval, if any: