

Submit 3 Copies To Appropriate District Office

State of New Mexico

Form C-103
Revised March 25, 1999

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

Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION

2220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO.

30-015-32377

5. Indicate Type of Lease

STATE ☐ FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name:

Crow Flats '11' State Com

8. Well No.

#2

9. Pool name or Wildcat

Diamond Mound - Morrow

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 ☐

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 O : 660' feet from the South line and 1980' feet from the East line

Section 11 Township 16S Range 28E NMPM County Eddy

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

3447' 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: Rig up spudder and spud well ☒

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.

10/22/02 RU spudder and spud @ 3:00 PM 10/22/02. Drilled 2' of 12-1/4" hole to 16'. (drld from 14'-16').

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

SIGNATURE Kim Stewart TITLE Regulatory Analyst DATE 10/28/02

Type or print name

Kim Stewart

Telephone No. 915/ 683-7443

(This space for State use)

APPROVED BY For record only B&B TITLE DATE NOV 12 2002

Conditions of approval, if any: