CONDITIONS OF APPROVAL, IF ANY:

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| <u>DISTRICT I</u> P.O. Box 1980, Hobbs, NM 88240 | OIL CONSERVATION DIVISION 2040 Pacheco St. | | | WELL API NO. | | |
|--|---|----------------|--------------------------------|---|------------------|-------------|
| <u>DISTRICT II</u> P.O. Drawer DD, Artesia, NM 88210 | Santa Fe, N | NM 8' | 7505 | 30025-34698 | ase STATE | |
| <u>DISTRICT III</u> 1000 Rio Brazos Rd., Aztec, NM 87410 | /: | 71. 18 A.C. | # FEEE 25 | ∘State Oil & Gas Lea | | FEE |
| (DO NOT USE THIS FORM FOR PROPO DIFFERENT RESERVO | ES AND REPORTS ON DSALS TO DRILL OR TO DE DIR. USE "APPLICATION FO 1) FOR SUCH PROPOSALS | EPE) OR PEP | | 7Lease Name or Uni SOUTH SHOEB | = | |
| Type of Well: OIL GAS WELL WELL | OTHER | ζ. (ς, ε | s | | | |
| 2Name of Operator CONCHO RESOURCES INC. | | | 29979 | ₅Well No. 1 | | |
| 3Address of Operator 110 W. LOUISIANA STE 410; MIDLAND, TX 79701 | | | | Pool name or Wildcat MIDWAY UPPER PENN WEST | | |
| ⊌Well Location Unit Letter O : 660 Fe | et From The SOUT | -1 | Line and 2310 | Feet From The | EAST | Line |
| Section 10 | Township 17S | F | Range 35E | NMPM | LEA | County |
| | ₀Elevation (Show wheth 3959 | ner DF, I | RKB, RT, GR, etc.) | | | |
| 11 Check Appr | opriate Box to Indica | te Na | ture of Notice, Rep | ort, or Other D |)ata | |
| NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: | | | | | | |
| PERFORM REMEDIAL WORK | PLUG AND ABANDON | | REMEDIAL WORK | | ALTERING CASI | ING |
| TEMPORARILY ABANDON | CHANGE PLANS | | COMMENCE DRILLING OF | PNS. | PLUG AND ANBA | ANDONMENT [|
| PULL OR ALTER CASING | | | CASING TEST AND CEME | NT JOB | | |
| OTHER: | | | OTHER: SET CASING | | | X |
| ¹² Describe Proposed or Completed Operations (C work) SEE RULE 1103. 11-10-99 RIH & SET 13-3/8" CSG @ 4 124 SX TO PIT. | • | - | | _ | | ES. CIRC |
| 11-19-99 RIH & SET 8-5/8" CSG @ 49 TO PIT. PUMPED PLUG AT 11:45 AM | 90' W/ CMT LEAD: 1350 \$ MST. | SX 50/ | 50 POZ C + ADDITIVES | S AND TAIL: 2005 | SX C NEAT. CII | RC 78 SX |
| | | | | | | |
| | | | | | | |
| 1 - | =/ | | | | | |
| I hereby certify that the Mormation above is true SIGNATURE | and complete to the best of my ki | | ge and belief. PRODUCTION ANA | LYST | DATE 11-22- | 99 |
| TYPE OR PRINT NAME TERRI STATHEM | | | | | TELEPHONE NO. 91 | 5-683-7443 |
| DISTRICT I | BY CHRIS WILLIAMS SUPERVISOR | | | | DEC - 3 | 1998 |
| APPROVED BY | | TITL | .t | | DATE | |

