Submit 3 Copies To Appropriate District Office	State of New M	[exico	Form C-103	
District I	Energy, Minerals and Natural Resources		Revised June 10, 2003	
1625 N. French Dr., Hobbs, NM 88240 District II			WELL API NO.	
1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION		30-025-32021	
District III 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.		5. Indicate Type of Lease STATE Y FEE	
District IV	Santa Fe, NM 87505		6. State Oil & Gas Lease No.	
1220 S. St. Francis Dr., Santa Fe, NM 87505				
SUNDRY NOTICES AND REPORTS ON WELLS			7. Lease Name	or Unit Agreement Name
(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.)			Newman State	
1. Type of Well: Oil Well  Gas Well  Other			8. Well Number	
			1	
2. Name of Operator Concho Exploration, Inc.			9. OGRID Number 168489	
3. Address of Operator 550 W. Texas Ave., Ste 1300 Midkand, Texas 79701			10. Pool name or Wildcat Stateline Ellenburger	
4. Well Location			Stateline El	.renburger
Unit Letter F :	1874 feet from the No	orth line and	1874 feet fr	om the West line
Section 32	Township 23-5 F	Range 38-E	NMPM	County LEa
11. Elevation (Show whether DR, RKB, RT, GR, etc.)				
3296' Gr. 3314' RKB				
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:				
PEDECOM DEMENDIAL WORK TO THE AREA OF THE PERECENT AND AREA OF THE PERE				
vicinizanizaniza (voluc 🗆	TEGG AND ABANDON	REMEDIAL WOR	K 📙	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRI	LLING OPNS. 🗌	PLUG AND
PULL OR ALTER CASING	MULTIPLE	CASING TEST AN	ID 🗆	ABANDONMENT
	COMPLETION	CEMENT JOB		
OTHER:		OTHER: Pit (		$\overline{\mathbf{x}}$
13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date				
or recompletion. SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion				
Pit has been closed and brought into compliance per OCD rules and regulations				
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I hereby certify that the information above is true and complete to the best of my knowledge and belief.				
SIGNATURE 1 No. (	( ) ( )	Regulatory Analyst		DATE 12/22/2003
Type or print name				DATE12/22/2003
(This space for State use).	E-mail a	ddress:	<u>T</u>	elephone No.
	TO A HARM ME AND A HARM MAN AND AND AND AND AND AND AND AND AND A	REPRESENTATIVE II	KTAFF MANAGE	N JAN 2 2 2004
APPPROVED BY Kary W Conditions of approval, if any	TITLE_	ALI RESEIVIMITY E II	/ U	DATE