Submit 3 Copies To Appropriate Distric		State of I				Form C-103
Office District I	tanerov Nunerais and Natural Resources					Revised March 25, 1999
1625 N. French Dr., Hobbs, NM 88240					WELL API NO.	35005
District II OIL CONSEDIVATION DIVISION					30-025-35985	
1301 W. Grand Ave., Artesia, Nivi 60210					5. Indicate Type	
1000 D' D. D. D. A. A. A. N. A. 97410					STATE	FEE
District IV Santa Fe, NM 87505					6. State Oil &	Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM						
87505 SUNDRY N	7. Lease Name of	or Unit Agreement Name:				
(DO NOT USE THIS FORM FOR PRO	7. 20000 110110	3				
DIFFERENT RESERVOIR. USE "AP						
PROPOSALS.)		Burrus				
1. Type of Well:						
Oil Well Gas Well	8. Well No.					
2. Name of Operator	o. Well No.	#5				
Conche Oil & Clas, Corp. Ricks Exploration Inc					9. Pool name or	
3. Address of Operator 110 W. Louisiana, Ste 410 Midland, TX 79701					Trinity Wolfcamp	
110 111 2000000000, 500 1110						
4. Well Location						
Unit Letter N	: 330'	feet from the	North	line and	2000' feet from	n the East line
					<del></del>	
Section 27		Township	12S	Range 38		County Lea
	10. Ele			R, RKB, RT, GR, e	tc.)	
3797' GR						
11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data						
1101102 01 11112111011					BSEQUENT RE	
PERFORM REMEDIAL WORK	☐ PLUG A	ND ABANDON		REMEDIAL WO	RK ∐	ALTERING CASING
		T DI ANO	_	COMMENCE DE	RILLING OPNS.	PLUG AND
TEMPORARILY ABANDON	☐ CHANG	E PLANS		COMMENCE DE	VILLING OF NO.	ABANDONMENT
PULL OR ALTER CASING	☐ MULTIPI	LE		CASING TEST A	AND 🔲	
7 022 0111 211 0110 110	COMPLE	ETION		CEMENT JOB		
				OTHER: Set Int	ormad Casina	
OTHER:						
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.						
10/01/02- Drilled 11" hole to 4519'. RU & ran 102 jts of 8-5/8" 32# J55, ST&C casing & set @ 4509'. Cmt csg w/1873 sxs 50/50 poz						
CL "C" + additives. TW 200 sx CL "C" + additives. Circ 127 sxs to surface. WOC.						
CL C + additives. 1 W 200 sx	CL C radu	itives. One 12	, 323 60 30	11400. 1700.		
10/02/02- NU BOP & test to 300	00 nsi-ok Resi	ume drlg.				
10/02/02-110 DOT & test to 3000 por our recourse 41-8.					10	OCT 2000
						Mil too
						RLCLIVED
						Honos
						OCD
I hereby certify that the information above is true and complete to the best of my knowledge and belief.						
, ,		-D -				
SIGNATURE :	Sleux	2 X_	TITLE	Regulatory A	nalyst	DATE10 <u>/14/02</u>
,			Tal	lambana Na (01:	5) 693 7113	
<u>-7F</u>	im Stewart		10.	lephone No. (91	<u> </u>	
(This space for State use)				1 .645 61		
APPPROVED BY		ORIG	NAL SINAL DI	νΚ	WELLE MANAGER	□ <b>000                                  </b>
Conditions of approval, if any:		——GAR	FIFLD REI	RESENTATIVE II	/SIAFI MANAGES	
Conditions of approval, it ally.		UC I	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			

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