Submit 3 Copies To Appropriate District Office	State of New M	exico		Form C-103
District I	Energy, Minerals and Natural Resources		WELL API NO.	Revised March 25, 1999
1625 N. French Dr., Hobbs, NM 88240 District II	OIL CONSERVATION DIVISION		300 15-22205 4	-20886
811 South First, Artesia, NM 88210 District III	1 South First, Ariesta, Nivi 88210		5. Indicate Type of	Lease
1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe NM 87505			STATE FEE 6. State Oil & Gas Lease No.	
District IV 2040 South Pacheco, Santa Fe, NM 87505	,		6. State Oil & Gas	Lease No.
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			7. Lease Name or Unit Agreement Name: STARR	
2. Name of Operator			7. Well No.	
CONCHO RESOURCES INC.			8. Pool name or W	/ildcat
3. Address of Operator 110 W. LOUISIANA STE 410; MIDLAND TX 79701			WOLFCAMP	
4. Well Location				
Unit Letter A: 660 feet from the NORTH line and 660 feet from the EAST line				
Section 31	Township 6S F	tange 37E	NMPM ROOS	SEVELT County
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 4053' GR				
11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data				
NOTICE OF INTE	ENTION TO:	SUB	SEQUENT REPO	ORT OF:
PERFORM REMEDIAL WORK 1	PLUG AND ABANDON	REMEDIAL WOR	к 🗆 /	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DR		PLUG AND ABANDONMENT
	MULTIPLE COMPLETION	CASING TEST AND CEMENT JOB		
OTHER:		OTHER: SET IN		\nearrow
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.				
4/2/00 RIH W/ 8-5/8" CSG & SET CACL. CIRC 194 SX TO I	@ 3578'. CMT W/ 950 SX 50 PIT.	/50 POZ C + ADDI	ΓIVES. TAILED W/2	200 SX C W/ 2%
,				
I hereby certify that the information above is rue and complete to the best of my knowledge and belief.				
SIGNATURE	Authum DITLE	Production	Analyst DATE_	4-4-00
Type of print name Terri Star	them		Telephone No. 9	15-683-7443
(This space for State use)				DATE (111) 1 = 1 = 1
APPPROVED BY Conditions of approval, if any:	TITLE	THE SOR	ue	DATE
Conditions of approval, it ally.	- September 1995 Sept	SUPER CHO		