

Submit 3 Copies
to Appropriate
District Office

Energy Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO.	30025 00357
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Lease Name or Unit Agreement Name State A 33
2. Name of Operator Concho Resources Inc.	8. Well No. 1
3. Address of Operator 110 W. Louisiana, Ste 410; Midland, Texas 79701	9. Pool name or Anderson Wildcat Ranch Cisco Canyon, North
4. Well Location Unit Letter M : 330 Feet From The South Line and 330 Feet From The West Line Section 33 Township 15S Range 32E NMPM Lea County	10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4306' GR

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER: Return well to production <input checked="" type="checkbox"/>	OTHER: <input type="checkbox"/>

11. 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.

It is proposed to return the State A-33 #1 well to production. The following procedure is recommended:

1. Load hole w/brine. Press to 500#
2. TOH w/rods and pump.
3. Swab well.
4. RIH w/rods and pump.
5. Return well to production.

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

SIGNATURE

Terri Stathem

TITLE

Production Analyst

DATE

4/30/98

TYPE OR PRINT NAME

TELEPHONE NO. 915-683-7443

This space for State Use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: