State of New Mexico
Energy, M~~als and Natural Resources Department

Form C-103
Revised 1-1-89

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

DISTRICT II
'). Drawer DD, Artesia, NM 88210

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

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

WELL API NO.	3002534495
5. Indicate Type of Lease	STATE [X] FEE [ ]
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.)

7. Lease Name or Unit Agreement Name

South Shoebar 15 State Com

1. Type of Well:
OIL WELL [ ]   GAS WELL [X]   OTHER

2. Name of Operator

Concho Resources Inc.

8. Well No.   1

3. Address of Operator

110 W. Louisiana, Ste 410, Midland, Tx 79701

9. Pool name or Wildcat
South Shoebar Atoka

4. Well Location

Unit Letter G : 1980 Feet From The North Line and 1850 Feet From The East Line

Section 15   Township 17S   Range 35E   NMPM   Lea   County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3950'

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK [ ]   PLUG AND ABANDON [ ]

TEMPORARILY ABANDON [ ]   CHANGE PLANS [ ]

. OR ALTER CASING [ ]

OTHER:_____ [ ]

SUBSEQUENT REPORT OF:

REMEDIAL WORK [ ]   ALTERING CASING [ ]

COMMENCE DRILLING OPNS. [ ]   PLUG AND ABANDONMENT [ ]

CASING TEST AND CEMENT JOB [ ]

OTHER: Set production casing   [X]

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.

10-22-98   RIH w/ 307 Jts of 5-1/2", 17# Production Casing and set @ 12,630'.
Cemented w/ 700 sks interfill H and .25# Flocele + 250 sks Mod Super "H"
and 4% CFR-3 and 5% Halad 344 + 5# Gilsonite + 1# salt. Did not
circ to surface. TOC 6300'.

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

SIGNATURE _____ TITLE Production Analyst DATE 10/27/98

TYPE OR PRINT NAME Terri Statham   915-683-7443

TELEPHONE NO.

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: