

Submit 3 Copies To Appropriate District Office  
District I  
1625 N. French Dr., Hobbs, NM 88240  
District II  
811 South First, Artesia, NM 88210  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals and Natural Resources  
  
OIL CONSERVATION DIVISION  
2040 South Pacheco  
Santa Fe, NM 87505

Form C-103  
Revised March 25, 1999

WELL API NO. 30025-34702
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name:  SOUTH SHOE BAR '15' STATE
8. Well No.  2
9. Pool name or Wildcat VACUUM ATOKA MORROW NORTH

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 ☐

2. Name of Operator  
CONCHO RESOURCES INC.

3. Address of Operator  
110 W. LOUISIANA STE 410; MIDLAND TX 79701

4. Well Location  
  
Unit Letter H : 1650 feet from the NORTH line and 800 feet from the EAST line  
  
Section 15 Township 17S Range 35E NMPM LEA County

10. Elevation (Show whether DR, RKB, RT, GR, etc.)  
3943' GR

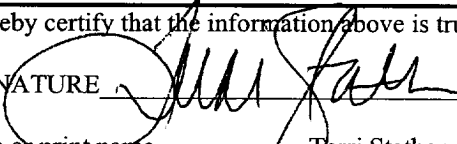
11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPLETION <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER: <input type="checkbox"/>	OTHER: Add Atoka Pay <input checked="" type="checkbox"/>

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.

05/04/00 RIH w/ 2.22 FSP blanking plug. Set in top 2.25 F nipple @ 12537'.  
05/06/00 Rel on/off tool. Strap out of hole w/ tbg.  
05/07/00 RIH w/ TCP guns & tbg. Set pkr @ 12153'.  
05/08/00 Drop firing bar. Perf @ 12220-12237' w/ 4 SPF. ✓  
05/09/00 Test: 185 BO, 0 BW, 3072 MCF

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

SIGNATURE  TITLE Production Analyst DATE 06/02/00

Type or print name Terri Stathem Telephone No. 915-683-7443

(This space for State use)

APPROVED BY \_\_\_\_\_ TITLE DISTRICT I SUPERVISOR DATE OCT 31 2000

Conditions of approval, if any:

