

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

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| WELL API NO. 30025-34702 |
| Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| State Oil & Gas Lease No. |
| Lease Name or Unit Agreement Name SOUTH SHOE BAR '15' STATE |
| Well No. 2 |
| 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.)

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| Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER |
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| Name of Operator CONCHO RESOURCES INC. |
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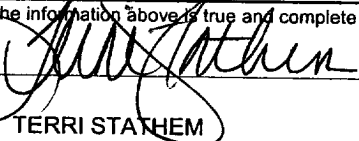
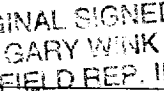
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| Address of Operator 110 W. LOUISIANA STE 410; MIDLAND TX 79701 |
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| Well Location Unit Letter H : 1650 Feet From The NORTH Line and 800 Feet From The EAST Line Section 15 Township 17S Range 35E NMPM LEA County |
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| Elevation (Show whether DF, RKB, RT, GR, etc.) 3943' GR |
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| 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"/> |
| TEMPORARILY ABANDON <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/> | OTHER: <input type="checkbox"/> |
| OTHER: <input type="checkbox"/> | OTHER: SPUD & SET CSG <input checked="" type="checkbox"/> |

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.
9/28/99 SPUD WELL @ 2:00 PM. RIH W/ 13-3/8" CSG & SET @ 455' & CMT W/ 445 SX C + ADDITIVES. CIRC 85 SX TO PIT.
10/9/99 RIH W/ 8-5/8" CSG & SET @ 4965' & CMT W/ 1250 SX 50/50 POZ 'C' + ADDITIVES. CIRC 25 SX TO PIT.

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| I hereby certify that the information above is true and complete to the best of my knowledge and belief. | |
| SIGNATURE  | TITLE PRODUCTION ANALYST |
| DATE 10-28-99 | TELEPHONE NO. 915-683-7443 |
| (This space for State Use) | |
| APPROVED BY  | TITLE FIELD REP. II |
| DATE NOV - 4 1999 | CONDITIONS OF APPROVAL, IF ANY: |