

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. 30-025-34702
Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
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.)		Lease Name or Unit Agreement Name SOUTH SHOE BAR "15" STATE	
Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		Well No. 2	
Name of Operator CONCHO RESOURCES INC.		Pool name or Wildcat VACUUM ATOKA-MORROW, NORTH	
Address of Operator 110 WEST LOUISIANA, SUITE 410, MIDLAND, TX 79701			
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			
		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:

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"/>	

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ANBANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: SPUD & SET SURFACE 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 17-1/2" HOLE @ 2:00PM MDT.
RIH & SET 13-3/8" SURFACE CSG @ 455'. CMT W/LEAD: 245 SX 65/35 POZ "C" + 2% CACL + 1/4#/SX
CELLOFLAKE + 6% GEL. TAIL: 200 SX "C" + 2% CACL + 1/4#/SX CELLOFLAKE.
CIRC 85 SX CMT TO PIT.

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

SIGNATURE Sherry Conrad TITLE AGENT DATE 09-30-99
TYPE OR PRINT NAME SHERRY CONRAD TELEPHONE NO. 915-683-7443

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY GARY WINK TITLE FIELD REP. II DATE OCT 08 1999
CONDITIONS OF APPROVAL, IF ANY:

