Submit 3 Copies To Appropriate District State of New Mexico Form C-103 Office Energy, Minerals and Natural Resources tevised March 25, 1999 District I 1625 N. French Dr., Hobbs, NM 88240 District II OIL CONSERVATION DIVISION 811 South First, Artesia, NM 88210 5. Indicate Type of Lease District III 2040 South Pacheco STATE FEE 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505 District IV 2040 South Pacheco, Santa Fe, NM 87505 SUNDRY NOTICES AND REPORTS ON WELLS Lease Name or Unit Agreement (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A Name: DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) SOUTH SHOE BAR '4 STATE 1. Type of Well: Oil Well Gas Well Other 2. Name of Operator Well No. CONCHO RESOURCES INC. 3. Address of Operator Pool name or Wildcat 110 W. LOUISIANA STE 410; MIDLAND TX 79701 SHOEBAR ATOKA 4. Well Location Unit Letter H: 1650 feet from the NORTH line and 990 feet from the EAST Township 17S Range 35E **NMPM** LEA County 10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3979' GR 11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL WORK ALTERING CASING **TEMPORARILY ABANDON** CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND **ABANDONMENT** PULL OR ALTER CASING MULTIPLE CASING TEST AND COMPLETION **CEMENT JOB** OTHER: OTHER: completion 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. 12/23/00 Drilling to TD @ 13000'. 12/24/00 TIH w/ OEDP to Plug back to 350'. 12/25/00 Contacted Hobbs OCD for plug requirements. Set the following 100' plugs: 12800-12100' 10800-108700' 8800-8700' 6800-67003 5060-4960' 2010-1910' 450-350' Left well shut in w/ PBTD @ 350'. I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE TITLE Production Analyst DATE 1-5-01 Type or print name Terri Stathem Telephone No. 915-683-7443 (This space for State use)

TITLE

DATE

APPPROVED BY

Conditions of approval, if any: