Form 3160-5 (August 1999)

## **UNITED STATES** DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

N.M. OIL Cons. Division
1625 N. French Dromb No. 1004-0135
Hobbs. NMIs. 88240ai No.

|  | BUREAU OF LAITE INFA                |   |                                | ŧ              | IODDS, IA                        |  |                               |           |
|--|-------------------------------------|---|--------------------------------|----------------|----------------------------------|--|-------------------------------|-----------|
| SUNDRY NOTICES AND REPORTS ON WELLS  Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals. |                                     |   |                                |                |                                  | NM 9017  6. If Indian, Allottee or Tribe Name                |                               |           |
|  |                                     |   |                                |                |                                  | o. Ir tile   | dian, Another of Tribe Name   |           |
| SUBMIT IN TRIPLICATE - Other instructions on reverse side  |                                     |   |                                |                |                                  | 7. If Unit or CA/Agreement, Name and/or No.                  |                               |           |
|  |                                     |   |                                |                | ATH                              | <u>k</u>   |                               |           |
| 1. Type of Well  | - ·                                 |   |                                |                | 2/11                             | 8 Well   | Name and No.                  |           |
| Oil Well Gas Well Other  |                                     |   |                                |                |                                  | Conoco '17' Federal #2                                       |                               |           |
| 2. Name of Operator Concho Oil & Gas   |                                     | \varphi   |                                |                | 9. API                           |  |                               |           |
| Ja. Abdiess  |                                     |   | one No. (include area code)    |                |                                  | 1  | 30025 35500                   |           |
| 110 W. Louisiana, Ste 410; Midland, Tx 7970<br>4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  |                                     |   | (915) 6837443                  |                |                                  | 10. Field and Pool, or Exploratory Area Young Delaware North |                               |           |
| 4. Location of Well (Footage, Sec  | on)                                 |   |                                |                | 11. County or Parish, State      |  |                               |           |
| 990' FSL & 330'  | 32E                                 |   |                                |                | Lea Co., NM                      |  |                               |           |
| 12. CHECK AF   | PPROPRIATE BOX(ES) T                | O INDICAT   | E NATUR                        | ΕO             | F NOTICE, F                      | REPORT, O  | OR OTHER DATA                 |           |
| TYPE OF SUBMISSION TYPE OF AC  |                                     |   |                                |                | F ACTION                         |  | ·                             |           |
|  | ☐ Acidize                           | Deepen  |                                | Production (St |                                  | n/Resume)  | ☐ Water Shut-Off              |           |
| ☐ Notice of Intent   | Alter Casing                        | Fracture  | Treat                          |                | Reclamation                      |  | Well Integrity                |           |
| XX Subsequent Report   | Casing Repair                       | New Cor   |                                |                | Recomplete                       |  | Other                         |           |
|  | Change Plans                        | _   | Abandon                        |                | Temporarily At<br>Water Disposal | andon  |                               |           |
| Final Abandonment Notice  13. Describe Proposed or Complete  | Convert to Injection                |   |                                |                | <u> </u>                         | <del></del>  |                               |           |
| • •  | nal Abandonment Notices shall       | of filed only and the state of | 00 † .                         | men            | is, including reci               | amation, nav   | e been completed, and the ope | rator has |
|  | lown SN. Prep to                    | frac.   |                                |                |                                  |  |                               |           |
| 6/28/01 Frac perfs w/ 431 bbls Biking I 30 gel,  |                                     |   |                                |                | 2740# 16/3                       | 30 brow  | n sand & 12420#               |           |
| RC sand. Flow back to pits.  |                                     |   | ACCEPTED FOR                   |                |                                  | RECORD   |                               |           |
| 6/30/01 Install pumping equipment.   |                                     |   |                                | Γ-             |                                  |  |                               |           |
| 7/16/01 IP: 30 BO, 8 BW, & 0 MCF.  |                                     |   |                                |                | + 1 <sub>1</sub> = 1.2           | · filt g   |                               |           |
|  |                                     |   |                                | A              | LEXIS <b>C. S</b> V              | () A A<br>/OBODA   |                               |           |
| 14. I hereby certify that the foregoin   | ng is true and correct              |   | 1                              |                |                                  | TONTELL  |                               |           |
| Name (Printed/Typed)   | Ctathom                             |   | Title                          |                | Proc                             | duction  | Apalwat                       |           |
| Signature Will A A MA  |                                     |   | Date Production Analyst 8/6/01 |                |                                  |  |                               |           |
| Signature  | THIS SPACE                          | FOR FEDER   |                                | ATE            | OFFICE USE                       | <u> </u>   |                               |           |
|  |                                     |   | <del></del>                    |                | ×                                |  |                               |           |
| Approved by  |                                     |   | Titl                           | le             |                                  |  | Date                          |           |
| Conditions of approval, if any, are recrify that the applicant holds leg which would entitle the applicant to  | al or equitable title to those rigi | ce does not wan   | rrant or<br>ot lease Off       | īce            |                                  |  |                               |           |
|  |                                     |   |                                |                |                                  |  |                               |           |



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