

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

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.

30025 34306

Indicate Type of Lease

STATE ☒

FEE ☐

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.)

Type of Well:

OIL  
WELL ☒

GAS  
WELL ☐

OTHER

Name of Operator

Concho Resources Inc.

Address of Operator

110 W. Louisiana, Ste 410; Midland, Tx 79701

Well No.

2

Pool name or Wildcat

Wildcat

Well Location

Unit Letter M : 660 Feet From The South Line and 660 Feet From The West Line

Section 16 Township 23S Range 32E NMPM Lea County

Elevation (Show whether DF, RKB, RT, GR, etc.)

3679

11

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

#### NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: ☐

#### SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ANBANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: Run Int. & Prod Csg ☒

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.

4-3-99 RIH & set 8-5/8" intermediate csg @ 4814' w/ 1300sx 50/50 POZ cement + additives & tailed w/2000 sx "C" + 2% CaCl. Circ 260 sx.  
4-12-99 RIH & set 5-1/2" production casing @ 9024.58' w/ 500 sx 35/65 POZ "H" 6% gel + additives & tailed w/ 200 sx 65/15 POZ "C" +  
additives. TOC @ 4750'. Release rig @ 4:00 PM CST.

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

SIGNATURE

TITLE Production Analyst

DATE 04-15-99

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

APPROVED BY ALAN WILLIAMS

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: