

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1034-0135
Expires: March 31, 1993

N.M. Oil Cons. Division
1625 N. French Dr.
Hobbs, NM 88240

Lease Designation and Serial No.
NM 97891

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT-" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

CONCHO RESOURCES INC.

3. Address and Telephone No.

110 W. LOUISIANA STE 410; MIDLAND, TX 79701 (915) 683-7443

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

660' FSL & 1980' FEL, SEC. 17, 23S, 32E.

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Tomcat '17' Federal #2

9. API Well No.

30025-34691

10. Field and Pool, or Exploratory Area

Sand Dunes Bone Spring

11. County or Parish, State

Lea, NM

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☐ Notice of Intent
☒ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

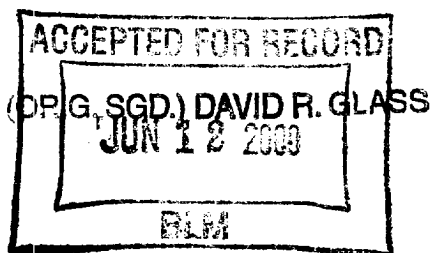
- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other Spud well/Set csg
☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

06-02-00 Spud well @ 9:00 p.m.

06-04-00 RIH w/ 13-3/8", 48#, ST&C csg & set @ 668'. Cmt w/ lead: 400 sx cmt w/ 35/65 Poz C + additives; tailed w/ 250 sx C + additives.
Circ 170 sx to pig. WOC 12 hrs.



14. I hereby certify that the foregoing is true and correct

Signed *Chris Williams*

Title Production Analyst

Date 06/09/00

(This space for Federal or State office use)

Approved by
Conditions of approval, if any:

ORIGINAL SIGNED BY CHRIS WILLIAMS
(NATIONAL SUPERVISOR)

Date 06/09/00