Submit 3 Copies To Appropriate District Office	State of New Mexico			,	Form C-103 Revised March 25, 1999
District I 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources			WELL API NO.	Revised March 23, 1999
District II 811 South First, Artesia, NM 88210	OIL CONSERVATION DIVISION			30025-34809 5. Indicate Type	of Lease
<u>District III</u> 1000 Rio Brazos Rd., Aztec, NM 87410	2040 South Pacheco Santa Fe, NM 87505			STATE D	X FEE □
District IV 2040 South Pacheco, Santa Fe, NM 87505	•			6. State Oil & G	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.)  1. Type of Well:  Oil Well				7. Lease Name or Unit Agreement Name: TOMCAT '16' STATE	
2. Name of Operator CONCHO RESOURCES INC.				7. Well No.	
3. Address of Operator				8. Pool name or Wildcat	
110 W. LOUISIANA STE 410; MIDLAND TX 79701  4. Well Location				SAND DUNES	BONE SPRING
Unit Letter L: 1980 feet from the SOUTH line and 660 feet from the WEST line					
Section 16	Township		Range 32E		EA County
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3683' GR					
11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data					
NOTICE OF IN PERFORM REMEDIAL WORK □		N 🗆	SUE REMEDIAL WOR	SSEQUENT RE	PORT OF: ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DR	RILLING OPNS. 🗌	PLUG AND ABANDONMENT
PULL OR ALTER CASING	MULTIPLE COMPLETION		CASING TEST A CEMENT JOB	ND	
OTHER:				WELL/SET SURF C	
<ul> <li>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.</li> <li>03/15/00 SPUD WELL @ 7:30 PM MST.</li> </ul>					
03/19/00 RIH W/ 13-3/8" C CIRC 130 SX TO	CSG & SET @ 656' CN PIT.	AT W/ 400	SX 35/65 POZ C +	- ADDITIVES, TAII	LED W/ 250 SX C.
	7	-1-4- 4- 41	h + - 6 l l-	44 h-11-6	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.					
SIGNATURE	tti-	TITLE_	Production	Analyst DAT	E_3-21-00
	tathem		****	Telephone No	. 915-683-7443
(This space for State use) APPPROVED BY	Ç1 .	TITLE_	· · · · · · · · · · · · · · · · · · ·		DATE
Conditions of approval, if any:			الي الم	No.	: 200i