Submit 3 Copies To Appropriate District Office	State of New Mexico				Form C-103
District I 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources			WELL API NO.	Revised March 25, 1999
District II 811 South First, Artesia, NM 88210	OIL CONSERVATION DIVISION			30025-34810	- O(T
District III	2040 South Pacheco			5. Indicate Type STATE	oyLease
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, NM 87505			6. State Oil & G	<u> </u>
2040 South Pacheco, Santa Fe, NM 87505				7 1 N	, T.L.:4 A
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 Wall				TOMCAT '16' S	r Unit Agreement Name: STATE
Oil Well Gas Well Other  2. Name of Operator				7. Well No.	
CONCHO RESOURCES INC.				7. Well No.	4
3. Address of Operator 110 W. LOUISIANA STE 410; MIDLAND TX 79701 4. Well Location				8. Pool name or Wildcat SAND DUNES BONE SPRING	
4. Well Location					
Unit Letter E:	1650 feet from the	NORTH_1	ine and <u>460</u> 1	feet from theV	VESTline
Section 16	Township		ange 32E		EA County
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3651' GR					
11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data					
	TENTION TO:	. 🗂		SEQUENT RE	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	۱ اـــا	REMEDIAL WOR	K L	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DRI	<del></del>	PLUG AND ABANDONMENT
PULL OR ALTER CASING L	MULTIPLE COMPLETION		CASING TEST AN CEMENT JOB	ND L	
OTHER:			OTHER: SET CS	G	Ì
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.					
09/13/00 RIH W/ 5-1/2", 17#, K55/N-80, LT&C CSG & SET @ 8935'. CMT W/ 570 SX 35/65 POZ H + ADDITIVES; TAILED W/ 400 SX 50/50 POZ C+ ADDITIVES.					
09/14/00 RELEASE RIG @ 5:30 AM					
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I hereby certify that the information	above is true and comp	lete to the l	est of my knowled	ge and helief	
	Mad /		•	-	
SIGNATURE	marin .	TITLE	Production	Analyst DAT	E_9-15-00
	Stathem			Telephone No.	. 915-683-7443
(This space for State use) APPPROVED BY	ORIC	TITLE	HUDDE CHINDUR		DATE
Conditions of approval, if any:		_ * * * * */*/			

