

Submit 3 Copies To Appropriate District Office

District I

1625 N. French Dr., Hobbs, NM 88240

District II

811 South First, Artesia, NM 88210

District III

1000 Rio Brazos Rd., Aztec, NM 87410

District IV

2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION

2040 South Pacheco  
Santa Fe, NM 87505

Form C-103

Revised March 25, 1999

WELL API NO.

30025-34810

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name:

TOMCAT '16' STATE

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 ☒

Gas Well ☐

Other ☐

2. Name of Operator

CONCHO RESOURCES INC.

7. Well No.

4

3. Address of Operator

110 W. LOUISIANA STE 410; MIDLAND TX 79701

8. Pool name or Wildcat

SAND DUNES BONE SPRING

4. Well Location

Unit Letter E : 1650 feet from the NORTH line and 460 feet from the WEST line

Section

16

Township

23S

Range

32E

NMPM

LEA

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐ CHANGE PLANS ☐

PULL OR ALTER CASING ☐ MULTIPLE COMPLETION ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: SET CSG ☒

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.

09-03-00 RIH W/ 8-5/8", 32#, J55, ST&C CSG & SET @ 4748'. CMT W/ 1350 SX POZ C + ADDITIVES; TAILED W/ 200 SX CLASS C 1% CACL. CIRC 199 SXS TO PIT. WOC 12 hrs.

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

SIGNATURE Terri Stathem TITLE Production Analyst DATE 9-6-00

Type or print name Terri Stathem Telephone No. 915-683-7443

(This space for State use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

Conditions of approval, if any:

2023-24-25262728-2930-31-12-31

Receiver  
Hobbs  
080