Submit 3 Copies To Appropriate District State of New Mexico Form C-103 Office Revised March 25, 1999 Energy, Minerals and Natural Resources Distinct I WELL API NO. 1625 N. French Dr., Hobbs, NM 88240 30025-34924 District II OIL CONSERVATION DIVISION 811 South First, Artesia, NM 88210 5. Indicate Type of Lease 2040 South Pacheco District III **STATE** FEE 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505 State Oil & Gas Lease No. District IV 2040 South Pacheco, Santa Fe, NM 87505 SUNDRY NOTICES AND REPORTS ON WELLS 7. Lease Name or Unit Agreement Name: (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A TOMCAT '16' STATE DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other Well No. 2. Name of Operator CONCHO RESOURCES INC. 8. Pool name or Wildcat Address of Operator 110 W. LOUISIANA STE 410; MIDLAND TX 79701 WILDCAT; BONE SPRING Well Location UT. SOUTH line and 1830 feet from the WEST line Unit Letter 600 feet from the 32E NMPM LEA Township 23S Range Section 16 10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3692' GR 11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL WORK ALTERING CASING TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND **ABANDONMENT** CASING TEST AND MULTIPLE PULL OR ALTER CASING **CEMENT JOB** COMPLETION OTHER: SET CSG & RELEASE RIG OTHER: 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. 05/11/00 RIH W/ 5-1/2", 17#, N80, LT&C CSG & SET @ 8933' . CMT W/ LEAD: 500 SX 35/65 POZ H + ADD TAIL: 470 SX 50/50 POZ H + ADDITIVES. WOC. RELEASE RIG @ 10:15 PM MDT. I hereby certify that the information above is true and complete to the best of my knowledge and belief. **Production Analyst** DATE 05/15/00 TITLE SIGNATURE Telephone No. 915-683-7443 Type or print name (This space for State use) DATE APPPROVED BY TITLE TO THE THE PERVISOR Conditions of approval, if any: