Submit 3 Copies To Appropriate District State of New Mexico Form C-103 Office Revised March 25, 1999 Energy, Minerals and Natural Resources District I WELL API NO. 1625 N. French Dr., Hobbs, NM 88240 District II 30025-34949 OIL CONSERVATION DIVISION 811 South First, Artesia, NM 88210 5. Indicate Type of Lease District III 2040 South Pacheco STATE FEE 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505 District IV State Oil & Gas Lease No. 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 Other Gas Well Well No. Name of Operator CONCHO RESOURCES INC. Pool name or Wildcat 3. Address of Operator Diamondtail Delaware SW 110 W. LOUISIANA STE 410; MIDLAND TX 79701 4. Well Location Unit Letter H: 1980 feet from the North line and 660 feet from the LEA Section 16 Township 23S Range 32E **NMPM** County 10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3690' GR 11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL WORK ALTERING CASING COMMENCE DRILLING OPNS. **TEMPORARILY ABANDON** CHANGE PLANS PLUG AND **ABANDONMENT** CASING TEST AND **PULL OR ALTER CASING** MULTIPLE COMPLETION **CEMENT JOB** 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. 04/13/00 RIH W/ 8-5/8" CSG & SET @ 4862'. CMT W/ 1000 SX 50/50 POZ C + ADDITIVES; TAILED W/ 200 SX C +ADDITIVES. CIRC 170 SX TO PIT. 04/21/00 RIH w/ 5-1/2" CSG & SET @ 8908'. CMT W/ 450 SX 35/65 POZ H + ADDITIVES; TAILED W/ 485 SX 50/50 POZ H + ADDITIVES. RELEASE RIG @ 12:30 PM. I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGN TURE Production Analyst DATE 4-25-00 TITLE Terri Stathern Type or print name Telephone No. 915-683-7443 (This space for State use) TITLE 10,17 DATE APPPROVED BY Art Same Space

Conditions of approval, if any: