| 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, N.M 88240 | Energy, Minerals and Natural Resources | | | WELL API NO. | Revised March 23, 1999 |
| District II 811 South First, Artesia, NM 88210 District III 1000 Rio Brazos Rd., Aztec, NM 87410 District IV | OIL CONSERVATION DIVISION 2040 South Pacheco Santa Fe, NM 87505 | | | 30025-34949 5. Indicate Type STATE 6. State Oil & G | X FEE □ |
| (DO NOT USE THIS FORM FOR PROPODIFFERENT RESERVOIR. USE "APPLIPROPOSALS.) 1. Type of Well: Oil Well Gas Well 2. Name of Operator CONCHO RESOURCES INC. 3. Address of Operator 110 W. LOUISIANA STE 410; M. 4. Well Location Unit Letter H: Section 16 | Other Other Other 1980 feet from the Township 10. Elevation (Show 3690' GR Appropriate Box to I | North line 23S R whether Di | and 660 tange 32E R, RKB, RT, GR, e | 7. Well No. 8. Pool name or Diamondtail Defect from the Ea | Wildcat Slaware SW stline EA County Data PORT OF: |
| PERFORM REMEDIAL WORK | | on \square | REMEDIAL WOI | | ALTERING CASING |
| TEMPORARILY ABANDON | CHANGE PLANS | | | RILLING OPNS. | PLUG AND ABANDONMENT |
| PULL OR ALTER CASING | MULTIPLE COMPLETION | | CASING TEST A CEMENT JOB | AND | • |
| OTHER: | | | OTHER: spud v | | <u> </u> |
| 12. Describe proposed or comple of starting any proposed work or recompilation. 04/03/00 Spud well @ 11:30 PM 04/05/00 RIH W/ 13-3/8" CSG & +ADDITIVES. CIRC | A). SEE RULE 1103. FO MST. ASET @ 649'. CMT W | or Multiple (| Completions: Atta | ch wellbore diagram | of proposed completion |
| I hereby certify that the informati | on above is true and con | onlete to the | best of my knowle | edge and belief. | |
| SIGNATURE SIGNATURE | Xach_ | TITLE_ | | | ГЕ 4-6-00 |
| | Stathem | | THRIS V | IILLIAM elephone No | o. 915-683-7443 |
| (This space for State use) APPPROVED BY | ()Fi | | OT I SUPERVISO | <u> </u> | DATE |
| Conditions of approval, if any: | | | | | : 9 |

