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		30025-35045	- Off
District III	2040 South Pacheco		5. Indicate Type STATE	or Lease FEE
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, NM 8	7505		Gas Lease No.
2040 South Pacheco, Santa Fe, NM 87505				
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			7. Lease Name o TOMCAT '16'	r Unit Agreement Name: STATE
Oil Well Gas Well 2. Name of Operator	Other		7. Well No.	
CONCHO RESOURCES INC.				10
3. Address of Operator			8. Pool name or	
110 W. LOUISIANA STE 410; MIDLAND TX 79701 4. Well Location			WILDCAT; BC	DNE SPRING
Unit Letter B : 7	61 feet from the NORTH 1	ne and1881	_feet from the	EASTline
Section 16 Township 23S Range 32E NMPM LEA County				
10. Elevation (Show whether DR, RKB, RT, GR, etc.)				
3679' GR 11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data				
NOTICE OF IN			SEQUENT RE	
PERFORM REMEDIAL WORK		REMEDIAL WORK		ALTERING CASING
TEMPODADII V ARANDON	CHANGE PLANS	COMMENCE DRI	LLING OPNS	PLUG AND
TEMPORARILY ABANDON		ABANDONMENT		
PULL OR ALTER CASING	MULTIPLE COMPLETION	CASING TEST AN CEMENT JOB	ND [
OTHER:		OTHER: SPUD &	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.				
09/15/00 SPUD WELL @ 3:00 AM MDT.				
09/16/00 RIH W/ 13-3/8", 48#, H40, ST&C CSG & SET @ 665' . CMT W/ LEAD: 400 SX 35/65 POZ C + ADDITIVES;				
TAIL: 250 SX CLASS C + ADDITIVES. WOC. CIRC 123 SX TO PIT.				
I hereby certify that the information	above is true and complete to the	hest of my knowled	ge and belief	
Thereby Country that the information	- HA	best of my knowled	ge and benefit	
SIGNATURE	TITLE	Production	Analyst DAT	ΓE_09/19/ <u>00</u>
Type or print name Terri S	tathem		Telephone No	o. 915-683-7443
(This space for State use)				
APPPROVED BY	TITLE			DATE
Conditions of approval, if any:		in the second second	•	