

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons. Division  
1625 N. French Dr.  
Hobbs, NM 88240

FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: March 31, 1993

**SUNDRY NOTICES AND REPORTS ON WELLS**

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.  
Use "APPLICATION FOR PERMIT-" for such proposals

**SUBMIT IN TRIPLICATE**

1. Type of Well  
☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator  
CONCHO RESOURCES INC.

3. Address and Telephone No.  
110 W. LOUISIANA STE 410; MIDLAND, TX 79701 (915) 683-7443

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
660' FNL & 660' FWL, SEC. 21, 23S, 32E.

5. Lease Designation and Serial No.  
NM 86153

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.  
Tomcat '21' Federal #4

9. API Well No.  
30025-35103

10. Field and Pool, or Exploratory Area  
Bone Spring

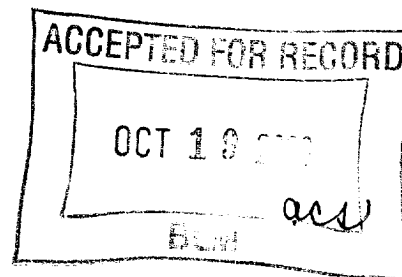
11. County or Parish, State  
Lea Co., Nm

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION	
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> Other <u>spud/set csg</u>	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*  
10/11/00 Spud well @ 1:00 AM.  
10/15/00 RIH w/ 13-3/8", 54.5#, H-40, ST&C csg & set @ 1209'. Cmt w/ 660 sx 35/65 POZ C + additives, tailed w/ 2000 sx CI C + additives.  
Circ 160 sx to surf.



14. I hereby certify that the foregoing is true and correct

Signed [Signature]  
(This space for Federal or State office use)

Title Production Analyst

Date 10/16/00

Approved by  
Conditions of approval, if any:

ORIGINAL SIGNED BY OFFICIAL  
DISTRICT SUPERVISOR

Date