

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or reenter an abandoned well. Use Form 3160-3 (APD) for such proposals.

FORM APPROVED
OMB No. 1004-0135
Expires November 30, 2000

5. Lease Serial No. **NM 03554**

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No.

8. Well Name and No. **Breech C #248**

9. API Well No. **30-030-06520**

10. Field and Pool, or Exploratory Area **Blanco MV/Basin Dakota**

11. County or Parish, State **Rio Arriba, NM**

SUBMIT IN TRIPLICATE - Other instructions on reverse side

1. Type of Well
 Oil Well Gas Well Other

2. Name of Operator
Cross Timbers Energy, LLC

3a. Address C/O Welsh Engineering & Production
400 West 7th Street, Fort Worth, TX 75070

3b. Phone No. (include area code)
505-334-7438

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
1140' fnl & 900' fel, Section 13, T26N, R6W

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

TYPE OF SUBMISSION	TYPE OF ACTION		
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation
<input type="checkbox"/> Final Abandonment Notice	<input checked="" type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporary Abandon
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal
			<input type="checkbox"/> Water Shut-Off
			<input type="checkbox"/> Well Integrity
			<input type="checkbox"/> Other _____

13. Describe Proposed or Completed Operations (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recomplate horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 shall be filed once Testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

Cross Timbers Energy is seeking approval to perform a casing squeeze on the 4-1/2" casing. The well was experiencing production problems and after pulling the tubing discovered the casing between 2250' - 2610' had a slow bleed off and was allowing solids to enter the wellbore. Cross Timbers proposes to set a balanced cement plug (micro matrix cement) across the interval (2250' - 2610') and squeeze until holding 500 psi. Will then drill out and re-test (MIT) or re-squeeze as necessary

Don Sheets (Rig Supervisor) called both BLM (J. Lovato) & NMOCD (B. Powell) for verbal approval on 7/31/20014 **OIL CONS. DIV DIST. 3**

**SEE ATTACHED FOR
CONDITIONS OF APPROVAL**

AUG 05 2014

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

Name (Printed/Typed) John C. Thompson	Title Agent / Engineer
Signature	Date July 31, 2014

THIS SPACE FOR FEDERAL OR STATE USE

Approved by <i>[Signature]</i>	Title Petr. Eng	Date 8/1/14
Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.	Office	

Title 18 U.S.C. Section 1001, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

NMOCD AV

BLM CONDITIONS OF APPROVAL

CASING REPAIR, WORKOVER AND RECOMPLETION OPERATIONS:

- 1. After conducting casing repair operations, test cement squeeze to a minimum of 500# for 30 minutes with no more than 10 % pressure fall off in the 30 minute test period. Provide test chart with your subsequent report of operations. If a CBL or other logs are run, provide this office with a copy.**
- 2. After satisfactorily conducting cement squeeze operations, please conduct a bradenhead test and provide test results to this office. If pressure is found on the bradenhead, please contact this office.**
- 3. A properly functioning BOP and related equipment must be installed prior to commencing workover, casing repair, and/or recompletion operations.**
- 4. Contact information: Cementing Notification Line (505) 564-7750. Please contact Jim Lovato @ (505) 320-7378 for any plan changes.**

SPECIAL STIPULATIONS:

- 1. Pits will be fenced during work-over operation.**
- 2. All disturbance will be kept on existing pad.**
- 3. All pits will be pulled and closed immediately upon completion of the recompletion and work-over activities.**
- 4. Pits will be lined with an impervious material at least 12 mils thick.**