Submit 1 Copy To Appropriate District Office	State of New Mexico		Form C-103	
<u>District I</u> – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources		Revised July 18, 2013 WELL API NO.	
<u>District II</u> – (575) 748-1283	OIL CONSERVATION DIVISION		300-39-08161	
811 S. First St., Artesia, NM 88210 <u>District III</u> – (505) 334-6178	1220 South St. Francis Dr.		5. Indicate Type o STATE X	
1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM	Santa Fe, NM 87505		6. State Oil & Gas NMNM-03554	
87505 SUNDRY NOTICES AND REPORTS ON WELLS				Unit Agreement Name
(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.)			Breech C	
1. Type of Well: Oil Well Gas Well X Other			8. Well Number # 323	
2. Name of Operator Cross Timbers Energy LLC.		9. OGRID Number 298299		
3. Address of Operator		10. Pool name or Wildcat		
36 Road 350 Flora Vista, NM 87415			Basin Dakota	
4. Well Location Unit Letter M:	890 feet from the	S line and	1100 feet from	n the W line
Section 14	Township 26N			County: Rio Arriba
	11. Elevation (Show whether DR,			
	6,736' GR		1	
12. Check A	ppropriate Box to Indicate N	ature of Notice, I	Report or Other I	Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:				
PERFORM REMEDIAL WORK	PLUG AND ABANDON			ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS			
PULL OR ALTER CASING	MULTIPLE COMPL	DMPL CASING/CEMENT		RCVD OCT 2'14
DOWNHOLE COMMINGLE CLOSED-LOOP SYSTEM				OIL CONS. DIV.
OTHER:			ell In and Inactivate	V131. a
13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.				
proposed completion of recompletion.				
Cross Timbers Energy LLC., has shut in and inactivated Breech C 323 @ 9:00 AM 9/29/2014				
			- mades is	
#If well Left inactive it must comply with 19.15.25.8.8				
With Mast Comply With 11.15.25. 8. 8				
	•			
Spud Date:	Rig Release Da	ate:		
<del></del>				
I hereby certify that the information	above is true and complete to the b	est of my knowledge	and belief.	
1 //				
SIGNATURE Wy	TITLE_Prod	luction Foreman	DA	ΓΕ9/30/2014
Type or print name Jeff Waggor	ner E-mail address:	jwaggoner@ctfields	svcs.com PHON	E: 505-334-7438
For State Use Only			_	
APPROVED BY:	TITLE TITLE	ONL & GAS INSPECTO	ia, vist. g. Da	TE Whohy
Conditions of Approval (if any):	N N			