Submit 1 Copy To Appropriate District Office	State of New Mexico	Form C-103
District 1 - (575) 393-6161	Energy, Minerals and Natural Resources	Revised July 18, 2013
1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283		WELL API NO. 300-39-06628
811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION	5. Indicate Type of Lease
District III - (505) 334-6178	1220 South St. Francis Dr.	STATE X FEE
1000 Rio Brazos Rd., Aztec, NM 87410 District IV – (505) 476-3460	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM		NMSF-079035A
(DO NOT USE THIS FORM FOR PROPOS	CES AND REPORTS ON WELLS ALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A ATION FOR PERMIT" (FORM C-101) FOR SUCH	7. Lease Name or Unit Agreement Name Breech A
	Gas Well X Other	8. Well Number # 135
2. Name of Operator		9. OGRID Number
Cross Timbers Energy LLC.		298299
3. Address of Operator 36 Road 350 Flora Vista, NM 8741		10. Pool name or Wildcat Basin Dakota
4. Well Location		Dusin Dunous
Unit Letter B :	1,050 feet from the N line and	1,650 feet from the E line
Section 10	Township 26N Range	6W NMPM County: Rio Arriba
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		
t land a section of the life	6,629' GR	
12. Check A	appropriate Box to Indicate Nature of Notice	e, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WO	
TEMPORARILY ABANDON		DRILLING OPNS. P AND A
PULL OR ALTER CASING	MULTIPLE COMPL CASING/CEME	ENT JOB
DOWNHOLE COMMINGLE		
CLOSED-LOOP SYSTEM		
OTHER:	OTHER: RWTI	
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.		
Cross Timbers Energy LLC., has ret	urned this well to production @ 9:30 AM 10/07/20	oil cons. DIV DIST. 3
		OCT 1 3 2015
Spud Date:	Rig Release Date:	
Spud Date.	Rig Release Date.	
I hereby certify that the information	above is true and complete to the best of my knowle	edge and belief.
1 11		
SIGNATURE YELL	TITLE_Production Foreman_	DATE10/07/2015
Type or print name	ner E-mail address: jwaggoner@ctfi	eldsvcs.com PHONE: 505-334-7438
For State Use Only		
A DODOVED DV		
APPROVED BY: Conditions of Approval (if any):	TITLE	DATE
Conditions of Approval (It ally).		