Submit 1 Copy To Appropriate District	State of Nov. Ma		Farm C 102	
Office	State of New Mexico		Form C-103 Revised July 18, 2013	
District II – (575) 748-1283 811 S. First St., Artesia, NM 88210 OIL CONSERVATION DIVISION		WELL A	API NO.	
		5 Indic	ate Type of Lease	
District III - (505) 334-6178	District III – (505) 334-6178 1220 South St. Francis Dr.		TATE X FEE	
1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 87505			Oil & Gas Lease No.	
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			e Name or Unit Agreement Name	
PROPOSALS.) 1. Type of Well: Oil Well Gas Well X Other		8. Well	Number # 181	
2. Name of Operator		The state of the s	ID Number	
		298299	l name or Wildcat	
3. Address of Operator 36 Road 350 Flora Vista, NM 87415		The state of the s	lanco Pictured Cliffs	
4. Well Location				
Unit Letter L :	1510 feet from the	S line and 1135	feet from the W line	
Section 10	The second secon	THE RESERVE AND ADDRESS OF THE PARTY OF THE	IMPM County: Rio Arriba	
STATE LAND BOTH 1	1. Elevation (Show whether DR, 563' GR	0	THE PARTY OF THE P	
12. Charle Ann	i-t- Dt- I-dit- N	-to	- Other Dete	
12. Check App	propriate Box to Indicate N	ature of Notice, Report o	or Other Data	
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:				
	LUG AND ABANDON REMEDIAL WORK		☐ ALTERING CASING ☐	
PULL OR ALTER CASING NOWNHOLE COMMINGLE	IULTIPLE COMPL	CASING/CEMENT JOB		
CLOSED-LOOP SYSTEM				
OTHER:		OTHER: Shut Well In and In	nactivate	
of starting any proposed work) proposed completion or recom	SEE RULE 19.15.7.14 NMAC pletion.	C. For Multiple Completions:	Attach wellbore diagram of OIL CONS. DIV DIST. 3	
Cross Timbers Energy LLC., has shut in	and inactivated Breech A 181 (@ 11:30 AM 10/14/2015.	OLL OUNS. DIV DIST. 3	
			OCT 1 9 2015	
# Comply w/19.1	5, 25. 8. 8			
# comply will.				
Spud Date:	Rig Release Da	nte:		
	Villa XIII of the Control of the Con			
I hereby certify that the information about	ve is true and complete to the be	est of my knowledge and belie	ef.	
1 //				
SIGNATURE Wolf Way	TITLE Produ	uction Foreman	DATE 10/15/2015	
111				
Type or print nameJeff Waggoner		jwaggoner@ctfieldsvcs.com_	_ PHONE: _505-334-7438	
For State Use Only	For Doord BP P	2V		
APPROVED BY: Accepted	For Record		DATE	
Conditions of Approval (if any):		172 Land 10 10 10 10 10 10 10 10 10 10 10 10 10	STATE OF THE PARTY OF THE PARTY.	