Submit 1 Copy To Appropriate District Office	State of New Mexico	Form C-103
District 1 - (575) 393-6161 Ene	rgy, Minerals and Natural Resources	Revised July 18, 2013
1625 N. French Dr., Hobbs, NM 88240 District II - (575) 748-1283		WELL API NO. 300-39-06550
811 S. First St., Artesia, NM 88210 OI	L 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
87505 SUNDRY NOTICES AND	REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOSALS TO D		Breech A
DIFFERENT RESERVOIR. USE "APPLICATION FO	R PERMIT" (FORM C-101) FOR SUCH	
PROPOSALS.) 1. Type of Well: Oil Well Gas Well	X Other	8. Well Number # 204
2. Name of Operator	A out	9. OGRID Number
Cross Timbers Energy LLC.		298299
3. Address of Operator		10. Pool name or Wildcat
36 Road 350 Flora Vista, NM 87415		Basin Dakota
4. Well Location		
Unit Letter P : 760	feet from theS_ line and	660 feet from the E line
Section 9	Township 26N Range 6W	NMPM County: Rio Arriba
11. Elev	ation (Show whether DR, RKB, RT, GR, etc.	
6,610'1	KB	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INTENTION		SEQUENT REPORT OF:
The second		
	E PLANS COMMENCE DR	
	PLE COMPL CASING/CEMEN	T JOB
CLOSED-LOOP SYSTEM		, v
OTHER:	tions (Clearly state all partiment datails an	
 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 returned this well to production @ 10:30 AM 10/11/2016.		
		OIL CONS. DIV DIST. 3
		OCT 1 4 2016
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 knowledge and belief.		
I nereby certify that the information above is the and complete to the best of my knowledge and benef.		
SIGNATURE Mayron	TITLE Production Foreman	DATE 10/11/2016
111-11-		
Type or print nameJeff Waggoner	E-mail address: jwaggoner@ctfield	dsvcs.com PHONE: _505-334-7438
For State Use Only		
ACCEPTED FOR R		
APPROVED BY:	TITLE	DATE
Conditions of Approval (if any):	PV .	