Submit 1 Copy To Appropriate District	State of New Mexico		Form C-103
Office <u>District I</u> – (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. 300-39-08161
811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION		5. Indicate Type of Lease
<u>District III</u> – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.		STATE X FEE
District IV - (505) 476-3460	Santa Fe, NM 87505		6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505			NMNM-03554
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 PROPOSALS.)			7. Lease Name or Unit Agreement Name Breech C
1. Type of Well: Oil Well Gas Well X Other			8. Well Number # 323
2. Name of Operator			9. OGRID Number
Cross Timbers Energy LLC.			298299
3. Address of Operator 36 Road 350 Flora Vista, NM 87415			10. Pool name or Wildcat Basin Dakota
4. Well Location			
Unit Letter M :	890 feet from the	S line and	1190 feet from the W line
Section 14	Township 26N		
11. Elevation (Show whether DR, RKB, RT, GR, etc.)			
4年17年日日1月2日日日日	6,736' GR		
12 Ch1-		I-t	Post of Other Date
	Appropriate Box to Indicate N		•
			SSEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK TEMPORARILY ABANDON CHANGE PLANS COMMENCE DR		RK	
TEMPORARILY ABANDON			
DOWNHOLE COMMINGLE			
CLOSED-LOOP SYSTEM			
OTHER:		OTHER: RWTF	
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 returned this well to production @ 11:50 AM 10/11/2016.			
			OIL CONS. DIV BIST. 3
			OCT 1 4 2010
			OCT 1 4 2016
C 1D (Pi- P-l F		
Spud Date:	Rig Release D	pate:	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNATURE Vol Waggorn TITLE Production Foreman DATE 10/011/2016			
Type or print nameJeff Waggoner E-mail address: jwaggoner@ctfieldsvcs.com PHONE: _505-334-7438			
For State Use Only ACCEPTED FOR RECORD			
APPROVED BY:	TITLE		DATE
Conditions of Approval (if any):	fy		