

Submit 1 Copy To Appropriate District Office
District I – (575) 393-6161
1625 N. French Dr., Hobbs, NM 88240
District II – (575) 748-1283
811 S. First St., Artesia, NM 88210
District III – (505) 334-6178
1000 Rio Brazos Rd., Aztec, NM 87410
District IV – (505) 476-3460
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-103
Revised July 18, 2013

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.)		WELL API NO. 30-039-23140
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator CROSS TIMBERS ENERGY, LLC		6. State Oil & Gas Lease No. 312463
3. Address of Operator 400 W 7TH STREET, FORT WORTH, TX 76102		7. Lease Name or Unit Agreement Name REUTER
4. Well Location Unit Letter P : 934 feet from the S line and 934 feet from the E line Section 15 Township 26N Range 06W NMPM County RIO ARRIBA		8. Well Number 321E
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 6563 GL		9. OGRID Number 298299
		10. Pool name or Wildcat DAKOTA MESA VERDE

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

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.

1. MI&RU Workover Rig
2. Killing well w/ fluid
3. ND WH & NU BOP
4. TOOH & Stand Back TBG
5. Run RBP & Set @ +/-500'
6. ND BOP, XO WH
7. NU BOP
8. TIH & Recover RBP
9. TIH w/ TBG
10. ND BOP & NU WH
11. Test Bradenhead
12. RD&MO Rig

* Report findings prior to remediation or moving off well as additional work may be required

NMOCD

JUL 22 2019

DISTRICT III

Notify NMOCD 24 hrs prior to beginning operations

Spud Date:

07/17/1984

Rig Release Date:

09/18/1984

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Samanntha Avarello TITLE Regulatory Technician DATE 07/18/2019

Type or print name Samanntha Avarello E-mail address: savarello@mpartners.com PHONE: 817-334-7747
For State Use Only

APPROVED BY: [Signature] TITLE SUPERVISOR DISTRICT #3 DATE 8/6/19

Conditions of Approval (if any): * See above