STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

5a. Indicate Type of Lease: State ☐ Fee ☐

5. State Oil & Gas Lease No.: Federal SF 047039 - B

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.)

1. OIL WELL ☐ GAS WELL ☒ OTHER-

7. Unit Agreement Name:

2. Name of Operator: Cross Timbers Production Company

8. Farm or Lease Name: Day "J"

3. Address of Operator: 300 Country Club Road, Suite 210, Casper, Wyoming 82609

9. Well No.: 5

4. Location of Well: UNIT LETTER I, 1520 FEET FROM THE South LINE AND 1120 FEET FROM THE East LINE, SECTION 8 TOWNSHIP 28N RANGE 10W NMPM.

10. Field and Pool, or Wildcat: Otero Chacra

15. Elevation (Show whether DF, RT, GR, etc.): 5796 G.L.

12. County: San Juan

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐		COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	CHANGE PLANS ☐	CASING TEST AND CEMENT JOB ☐	
OTHER Change of Operator Address ☒		OTHER ☐	

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

The responsibility for the operation of the subject well is being transferred to the Oklahoma City office of Cross Timbers Production Company effective September 15, 1988. The address and phone number is:

Cross Timbers Production Company
110 North Robinson, Suite 300
Oklahoma City, Oklahoma 73102

Telephone: (405) 232-4011

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SEP 15 1988
OIL CON. DIV.
DIST.

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

SIGNED D. L. Vaughn TITLE Division Manager DATE 9/9/88

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: