

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I

P.O. Box 1980, Hobbs NM 88241-1980

DISTRICT II

P.O. Drawer DD, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

2040 Pacheco St.
Santa Fe, NM 87505

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|---|
| WELL API NO. 30-045-29900 |
| 5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> |
| 6. State Oil & Gas Lease No. |
| 7. Lease Name or Unit Agreement Name Brown |
| 8. Well No. #3 |
| 9. Pool name or Wildcat Fruitland Coal |

for our file only

| | |
|--|--|
| 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. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER | |
| 2. Name of Operator Cross Timbers Operating Company | |
| 3. Address of Operator 2700 Farmington Ave., Bldg. K. Ste 1 Farmington, NM 87401 | |
| 4. Well Location Unit Letter <u>0</u> : <u>685</u> Feet From The <u>South</u> Line and <u>2,280</u> Feet From The <u>East</u> Line Section <u>29</u> Township <u>30N</u> Range <u>12W</u> NMPM San Juan County | |
| 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 5,469' Ground Level | |

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: Press tst of prod csg ☒

12. 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.

On 12/11/00, CTOC tested 4 1/2" production csg to 3800 psig. Held okay.

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

SIGNATURE Thomas Delong TITLE Operator Engineer DATE 1/21/00

TYPE OR PRINT NAME THOMAS DELONG TELEPHONE NO. 505-324-1090

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: