Submit 3 Copies to Appropriate

APPROVED BY____

CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

District Office	MI CONCEDIA	A TOTA	NI DIVICIONI			
DISTRICT I P.O. Box 1980, Hobbs NM 88241-1980	OIL CONSERVATION DIVISION 2040 Pacheco St.			WELL API NO.		
DISTRICT II	0 . 7 . 77 . 05505			30-045-30088		
P.O. Drawer DD, Artesia, NM 88210		5. Indicate Type of Lease STATE FEE X				
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	6. State Oil & Gas Lease No.					
SUNDRY NOTICE	_S					
(DO NOT USE THIS FORM FOR PROPO DIFFERENT RESERVO (FORM C-10	7. Lease Name or Unit Agreement Name JOHNSON GAS COM D					
1. Type of Well: OIL WELL GAS WELL X	OTHER					
2. Name of Operator		8. Well No.				
Cross Timbers Operating Compan	у			2		
3. Address of Operator 2700 Farmington Ave., Bldg. K.	/A01	9. Pool name or Wildcat BASIN FRUITLAND COAL				
4. Well Location	Ste I raniington,	NII O/	401	DASIN ROTTEAND COAL		
Unit Letter G : 1,585'	Feet From The NO	ORTH	Line and 1,52	20' Feet From The EAST Line		
Section 15	Township 30N			NMPM SAN JUAN County		
	10. Elevation (Show	w whethe	er DF, RKB, RT, GR, etc 5,665' GL	c.)		
11. Check Appr	onrigte Roy to Ind	licate l		Report, or Other Data		
NOTICE OF INT	-	ucate 1	l ·	SEQUENT REPORT OF:		
NOTICE OF INT	ENTION 10.		301	SSEQUENT REPORT OF.		
PERFORM REMEDIAL WORK	PLUG AND ABANDON		REMEDIAL WORK	ALTERING CASING		
TEMPORARILY ABANDON	CHANGE PLANS COMMENCE DRILLING OPNS. TO PLUG AND ABANDONMENT					
PULL OR ALTER CASING			CASING TEST AND CE	EMENT JOB		
OTHER:			OTHER: _SPUD_NOTI	CE		
 Describe Proposed or Completed Operation work) SEE RULE 1103. 	ons (Clearly state all perti	inent deta	ails, and give pertinent da	ates, including estimated date of starting any proposed		
Cross Timbers Operating Co	mpany spudded the a	above m	mentioned well on	12/12/00 @ 2:30 p.m.		
RU and ran 5 jts 7" csg to	224'KB. Cmt'd csg	y w/75	sx CMT (15.6 ppg,	1.18 cuft/sx). Circ 7 bbls cmt to		
				400000		
				2000		
				203//		
	<u> </u>					
I hereby certify that the information above is true	and complete to the best of my	knowledge	e and belief.			
I hereby certify that the information above is true	and complete to the best of my		and belief.	EER DATE 12/15/00		
111/2	reto			EER DATE 12/15/00 TELEPHONE NO. 505-324-1090		

_____ TITLE ___

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