



STATE OF NEW MEXICO
ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT
OIL CONSERVATION DIVISION
HOBBS DISTRICT OFFICE

September 2, 1992

BRUCE KING
GOVERNOR

POST OFFICE BOX 1980
HOBBS, NEW MEXICO 88241-1980
(505) 393-6161

Cross Timbers Operating Company
P.O. Box 50847
Midland, TX 79710

Attn: Gary L. Markestad

RE: Shutin wells in your SMGSAU

Gentlemen:

We are returning Forms C-103 on several wells in your SMGSAU which you filed to show SI or TA dates. Under our new policy we cannot approve the TA status of a well until you have demonstrated mechanical integrity of the wellbore by pressure test or other acceptable methods as set out in Rule 201.

Please resubmit these forms as an intention to TA, giving date well last produced or injected and how you propose to demonstrate mechanical integrity.

Very truly yours,

OIL CONSERVATION DIVISION

Jerry Sexton
Supervisor, District I

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Encl.



1
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 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO. 30-025-0155700S1
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. Lease Oil & Gas Lease No. B-2229

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 type="checkbox"/> OTHER WIW	7. Lease Name or Unit Agreement Name SMGSAU Tract 4
2. Name of Operator CROSS TIMBERS OPERATING COMPANY	8. Well No. 3
3. Address of Operator P. O. Box 50847 Midland, Texas 79710	9. Pool Name or Wildcat Maljamar Grayburg SA
4. Well Location Unit Letter F : 1980 Feet From The North Line and 1980 Feet From The West Line Section 29 Township 17S Range 33E NMPM Lea County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4071' GR	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING CPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: SHUT-IN 12-1-86 <input checked="" type="checkbox"/>

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 1101.

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

SIGNATURE Gary L. Markestad TITLE Operations Engineer DATE 8/31/92
TYPE OR PRINT NAME Gary L. Markestad TELEPHONE NO. (915)682-8873

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: